

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

PO BOX 72598

Check if different  
than previously  
reported. (ACC)

NEWPORT

KY

41072

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00493924

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

BROGHAMER, KEVIN, , ,

Type or Print Name of Treasurer

Signature of Treasurer

BROGHAMER, KEVIN, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

## REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">24011.24</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">24011.24</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">697141.57</span>	<span style="border: 1px solid black; padding: 2px;">697141.57</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">721152.81</span>	<span style="border: 1px solid black; padding: 2px;">721152.81</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">350567.78</span>	<span style="border: 1px solid black; padding: 2px;">350567.78</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">370585.03</span>	<span style="border: 1px solid black; padding: 2px;">370585.03</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
01 / 01 / 2017

To:

M M / D D / Y Y Y Y Y  
06 / 30 / 2017

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	414191.02	414191.02
(ii) Unitemized .....	224428.21	224428.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	638619.23	638619.23
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	35000.00	35000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	673619.23	673619.23
12. Transfers From Affiliated/Other Party Committees.....	18357.13	18357.13
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	5150.76	5150.76
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	14.45	14.45
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	697141.57	697141.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	697141.57	697141.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	290567.78	290567.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	290567.78	290567.78
22. Transfers to Affiliated/Other Party Committees.....	40000.00	40000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	350567.78	350567.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	350567.78	350567.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	673619.23	673619.23
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	673619.23	673619.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	290567.78	290567.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	5150.76	5150.76
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	285417.02	285417.02

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ABBOTT, HOWARD, W., ,**

Mailing Address 3855 SKYLINE BLVD

City  
RENO

State  
NV

Zip Code  
89509-5661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2017

Transaction ID : SA11A.740322

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ABBOTT, HOWARD, W., ,**

Mailing Address 3855 SKYLINE BLVD

City  
RENO

State  
NV

Zip Code  
89509-5661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2017

Transaction ID : SA11A.742172

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ABBOTT, HOWARD, W., ,**

Mailing Address 3855 SKYLINE BLVD

City  
RENO

State  
NV

Zip Code  
89509-5661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742327

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ABBOTT, HOWARD, W., ,**

Mailing Address 3855 SKYLINE BLVD

City  
RENO

State  
NV

Zip Code  
89509-5661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2017

**Transaction ID : SA11A.743610**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ABBOTT, HOWARD, W., ,**

Mailing Address 3855 SKYLINE BLVD

City  
RENO

State  
NV

Zip Code  
89509-5661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2017

**Transaction ID : SA11A.743611**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ABBOTT, HOWARD, W., ,**

Mailing Address 3855 SKYLINE BLVD

City  
RENO

State  
NV

Zip Code  
89509-5661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2017

**Transaction ID : SA11A.748669**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ABBOTT, HOWARD, W., ,**

Mailing Address 3855 SKYLINE BLVD

City  
RENO

State  
NV

Zip Code  
89509-5661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2017

Transaction ID : SA11A.748670

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ALLEN, HAROLD, A., DR.,**

Mailing Address 713 WAKEFIELD CT

City  
EL PASO

State  
TX

Zip Code  
79922-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : SA11A.741662

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ALLEN, HAROLD, A., DR.,**

Mailing Address 713 WAKEFIELD CT

City  
EL PASO

State  
TX

Zip Code  
79922-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2017

Transaction ID : SA11A.742063

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALLEN, HAROLD, A., DR.,

Mailing Address 713 WAKEFIELD CT

City  
EL PASO

State  
TX

Zip Code  
79922-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743915

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ALLEN, LARRY, , DR.,

Mailing Address 623 SHERWOOD RD

City  
SHREVEPORT

State  
LA

Zip Code  
71106-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

Transaction ID : SA11A.748103

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALVAREZ, JORGE, , MR.,

Mailing Address 1321 UPLAND DR  
# 5526

City  
HOUSTON

State  
TX

Zip Code  
77043-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745738

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

801.60

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ANAGNOS, HAROLD, V, MR.,**

Mailing Address 24011 VIA CASTELLA DR  
APT 2403

City  
BONITA SPRINGS

State  
FL

Zip Code  
34134-5006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : SA11A.741639

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ANAGNOS, HAROLD, V, MR.,**

Mailing Address 24011 VIA CASTELLA DR  
APT 2403

City  
BONITA SPRINGS

State  
FL

Zip Code  
34134-5006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2017

Transaction ID : SA11A.745724

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ANAGNOS, HAROLD, V, MR.,**

Mailing Address 24011 VIA CASTELLA DR  
APT 2403

City  
BONITA SPRINGS

State  
FL

Zip Code  
34134-5006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2017

Transaction ID : SA11A.748219

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

<b>X</b>	11a		11b		11c		12		
	13		14		15		16		17

## REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

FEC Schedule A (Form 3X) Rev. 06/2016

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ANNENBERG, ALAN, , ,

Mailing Address 5763 KUGLER MILL RD

City  
CINCINNATI

State  
OH

Zip Code  
45236-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.743021

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANNENBERG, ALAN, , ,

Mailing Address 5763 KUGLER MILL RD

City  
CINCINNATI

State  
OH

Zip Code  
45236-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2017

Transaction ID : SA11A.749078

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ANSARI, BIJAN, , MR.,

Mailing Address 10859 E FEATHERSONG LN

City  
SCOTTSDALE

State  
AZ

Zip Code  
85255-3371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BIJAN CAPITOL MANAGEMENT

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2017

Transaction ID : SA11A.741443

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ANSLEY, WILLIAM, BONNEAU, MR., III**

Mailing Address 330 WOODWARD WAY NW

 City  
 ATLANTA

 State  
 GA

 Zip Code  
 30305-4080

 FEC ID number of contributing  
 federal political committee.

 C 

 Name of Employer (for Individual)  
 THE ANSLEY CO, LLC

 Occupation (for Individual)  
 OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 300.00 

Date of Receipt

 M M /  D D /  Y Y Y Y Y Y  
 06 / 30 / 2017

Transaction ID : SA11A.748118

Amount of Each Receipt this Period

 300.00 
☐ Memo Item  
 CONTRIBUTION

FOOD/BEVERAGE/GOLF FEES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ANTONIO, FRANKLIN, , MR.,**

Mailing Address 2765 CORDOBA CV

 City  
 DEL MAR

 State  
 CA

 Zip Code  
 92014-3504

 FEC ID number of contributing  
 federal political committee.

 C 

 Name of Employer (for Individual)  
 QUALCOMM

 Occupation (for Individual)  
 CHIEF SCIENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 5000.00 

Date of Receipt

 M M /  D D /  Y Y Y Y Y Y  
 03 / 01 / 2017

Transaction ID : SA11A.742252

Amount of Each Receipt this Period

 5000.00 
☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ASTORINO, ARTHUR, , DR., JR.**

Mailing Address 25252 MUSTANG DR

 City  
 LAGUNA HILLS

 State  
 CA

 Zip Code  
 92653-5748

 FEC ID number of contributing  
 federal political committee.

 C 

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

 1000.00 

Date of Receipt

 M M /  D D /  Y Y Y Y Y Y  
 03 / 08 / 2017

Transaction ID : SA11A.743907

Amount of Each Receipt this Period

 1000.00 
☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

 6300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

01 / 24 / 2017

Transaction ID : SA11A.740264

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

02 / 02 / 2017

Transaction ID : SA11A.740743

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

02 / 18 / 2017

Transaction ID : SA11A.741521

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2017

Transaction ID : SA11A.741972

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2017

Transaction ID : SA11A.742676

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

Transaction ID : SA11A.744195

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : SA11A.744581

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 18 / 2017

Transaction ID : SA11A.744821

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 23 / 2017

Transaction ID : SA11A.745358

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746368

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2017

Transaction ID : SA11A.747654

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2017

Transaction ID : SA11A.748288

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AUSPRUNG, HERMAN, L., MR.,**

Mailing Address 440 RIVERVIEW ST

City  
CANAL FULTON

State  
OH

Zip Code  
44614-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2017

Transaction ID : SA11A.748289

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BABOT, JOHN, , ,**

Mailing Address 418 CATTLETRAIL DR

City  
DRIPPING SPRINGS

State  
TX

Zip Code  
78620-5481

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.742966

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BADHWAR, PRANAV, , MR.,**

Mailing Address 511 3RD ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TESSCO

Occupation (for Individual)  
INNOVATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745746

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BALE, RUTHIE, , ,**

Mailing Address 1510 BENT TREE AVE

City

BOWLING GREEN

State

KY

Zip Code

42103-6223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SOUTH CENTRAL BANK, INC.

Occupation (for Individual)

BANKER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2017

Transaction ID : SA11A.748975

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BARTON, DONALD, C., DR., M.D.**

Mailing Address 1014 CIRCLE DR

City

CORBIN

State

KY

Zip Code

40701-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2017

Transaction ID : SA11A.740256

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BATTLE, ROBERT, M., MR.,**

Mailing Address 9910 LONG POINT RD

City

HOUSTON

State

TX

Zip Code

77055-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

COMPREHENSIVE HEALTH ASSOC

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2017

Transaction ID : SA11A.741606

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BAUCUM, RALPH, W., DR., III**

Mailing Address 6712 QUERBES DR

City  
SHREVEPORT

State  
LA

Zip Code  
71106-2414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

Transaction ID : SA11A.748040

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BEASON, NICHOLAS, C., MR.,**

Mailing Address 10354 E 534 RD  
# A

City  
CLAREMORE

State  
OK

Zip Code  
74019-5485

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2017

Transaction ID : SA11A.742082

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BEASON, NICHOLAS, C., MR.,**

Mailing Address 10354 E 534 RD  
# A

City  
CLAREMORE

State  
OK

Zip Code  
74019-5485

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.742947

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BEASON, NICHOLAS, C., MR.,**

Mailing Address 10354 E 534 RD

# A

City

CLAREMORE

State

OK

Zip Code

74019-5485

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2017

Transaction ID : SA11A.747966

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BEASON, NICHOLAS, C., MR.,**

Mailing Address 10354 E 534 RD

# A

City

CLAREMORE

State

OK

Zip Code

74019-5485

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2017

Transaction ID : SA11A.748815

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BECKMANN, KLAUS, W., MR.,**

Mailing Address PO BOX 167

City

AMSTERDAM

State

NY

Zip Code

12010-0167

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2017

Transaction ID : SA11A.742793

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **BECKMANN, KLAUS, W., MR.,**

Mailing Address PO BOX 167

City

AMSTERDAM

State

NY

Zip Code

12010-0167

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2017

Transaction ID : SA11A.744944

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **BECKMANN, KLAUS, W., MR.,**

Mailing Address PO BOX 167

City

AMSTERDAM

State

NY

Zip Code

12010-0167

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745678

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **BECKMANN, KLAUS, W., MR.,**

Mailing Address PO BOX 167

City

AMSTERDAM

State

NY

Zip Code

12010-0167

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

Transaction ID : SA11A.748445

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BECNEL, DAMON, , ,**

Mailing Address 15000 EMERALD COAST PKWY

City  
DESTIN

State  
FL

Zip Code  
32541-3338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 19 / 2017

Transaction ID : SA11A.747171

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BELTRAMO, TERESA, R., MRS.,**

Mailing Address 107 1ST ST

City

SAN RAFAEL

State

CA

Zip Code

94901-3823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ANTIQUES DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.60

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : SA11A.745740

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BELTRAMO, TERESA, R., MRS.,**

Mailing Address 107 1ST ST

City

SAN RAFAEL

State

CA

Zip Code

94901-3823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ANTIQUES DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

226.60

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2017

Transaction ID : SA11A.748350

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2726.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BENNETT, RICKY, S., MR.,

Mailing Address 5614 101ST ST

City  
LUBBOCK

State  
TX

Zip Code  
79424-6290

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
OIL AND GAS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2017

Transaction ID : SA11A.748689

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BENNETT, RICKY, S., MR.,

Mailing Address 5614 101ST ST

City  
LUBBOCK

State  
TX

Zip Code  
79424-6290

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
OIL AND GAS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2017

Transaction ID : SA11A.748690

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BERG, JEFF, , MR.,

Mailing Address 4818 DAVIS PL S  
UNIT E

City  
RENTON

State  
WA

Zip Code  
98055-7991

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHALDEA, LLC

Occupation (for Individual)  
TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2017

Transaction ID : SA11A.745752

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

550.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BERG, JEFF, , MR.,**

Mailing Address 4818 DAVIS PL S

UNIT E

City  
RENTON

State  
WA

Zip Code  
98055-7991

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CHALDEA, LLC

Occupation (for Individual)

TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746439

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BERGERON, MICHAEL, ANTHONY, DR.,**

Mailing Address 1040 AUDUBON ST

City

LAKE CHARLES

State

LA

Zip Code

70605-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LAKE CHARLES MEMORIAL HOSPITAL

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2017

Transaction ID : SA11A.745759

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BERKOWITZ, KATHY, , MRS.,**

Mailing Address 24946 ALICANTE DR

City

CALABASAS

State

CA

Zip Code

91302-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HOMEMAKER

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2017

Transaction ID : SA11A.747166

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BERKOWITZ, KATHY, , MRS.,**

Mailing Address 24946 ALICANTE DR

City  
CALABASAS

State  
CA

Zip Code  
91302-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2017

**Transaction ID : SA11A.748722**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BERRIAN, DONALD, WAYNE, MR., PH.D.**

Mailing Address 17 PHEASANT LN

City  
TOPSFIELD

State  
MA

Zip Code  
01983-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2017

**Transaction ID : SA11A.741401**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BERRIAN, DONALD, WAYNE, MR., PH.D.**

Mailing Address 17 PHEASANT LN

City  
TOPSFIELD

State  
MA

Zip Code  
01983-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2017

**Transaction ID : SA11A.741734**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BERRIAN, DONALD, WAYNE, MR., PH.D.**

Mailing Address 17 PHEASANT LN

City  
TOPSFIELD

State  
MA

Zip Code  
01983-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

**Transaction ID : SA11A.743183**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BERRIAN, DONALD, WAYNE, MR., PH.D.**

Mailing Address 17 PHEASANT LN

City  
TOPSFIELD

State  
MA

Zip Code  
01983-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2017

**Transaction ID : SA11A.747967**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2017

**Transaction ID : SA11A.740330**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2017

Transaction ID : SA11A.742106

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742469

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2017

Transaction ID : SA11A.743661

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SYNOPSISYS

Occupation (for Individual)

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

03 / 13 / 2017

Transaction ID : SA11A.743662

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SYNOPSISYS

Occupation (for Individual)

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

03 / 19 / 2017

Transaction ID : SA11A.744350

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SYNOPSISYS

Occupation (for Individual)

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

03 / 18 / 2017

Transaction ID : SA11A.744351

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

**Transaction ID : SA11A.744352**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

**Transaction ID : SA11A.745305**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

**Transaction ID : SA11A.745973**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2017

Transaction ID : SA11A.746964

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2017

Transaction ID : SA11A.746986

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2017

Transaction ID : SA11A.747499

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

25.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2017

Transaction ID : SA11A.747524

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2017

Transaction ID : SA11A.747860

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2017

Transaction ID : SA11A.747978

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2017

Transaction ID : SA11A.748328

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2017

Transaction ID : SA11A.748329

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSISYS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2017

Transaction ID : SA11A.748330

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSIS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2017

Transaction ID : SA11A.748331

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BHOOMA, PRAMOD, , MR.,**

Mailing Address 14480 ARNERICH RD

City  
LOS GATOS

State  
CA

Zip Code  
95032-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYNOPSIS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2017

Transaction ID : SA11A.748332

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BIGLARI, HAMID, , ,**

Mailing Address 447 E 57TH ST  
FL 11

City  
NEW YORK

State  
NY

Zip Code  
10022-3172

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2017

Transaction ID : SA11A.747754

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1020.00

FOR LINE NUMBER:		PAGE 35 OF 416	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

## REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BOLLINGER, JOHN, J., MR.,**

Mailing Address 287 N GRAND ST

City  
ORANGE

State  
CA

Zip Code  
92866-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743321

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BOLLINGER, JOHN, J., MR.,**

Mailing Address 287 N GRAND ST

City  
ORANGE

State  
CA

Zip Code  
92866-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2017

Transaction ID : SA11A.746238

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BOLLINGER, JOHN, J., MR.,**

Mailing Address 287 N GRAND ST

City  
ORANGE

State  
CA

Zip Code  
92866-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

Transaction ID : SA11A.746756

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **BOLLINGER, JOHN, J., MR.,**

Mailing Address 287 N GRAND ST

City  
ORANGE

State  
CA

Zip Code  
92866-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2017

Transaction ID : SA11A.747434

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **BOLLINGER, JOHN, J., MR.,**

Mailing Address 287 N GRAND ST

City  
ORANGE

State  
CA

Zip Code  
92866-1513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2017

Transaction ID : SA11A.748602

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **BOOTH, KEVIN, C, DR., M.D.**

Mailing Address 1078 S WEDGEWOOD RD

City  
SAN RAMON

State  
CA

Zip Code  
94582-5823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTHERN CALIFORNIA SPINE INSTITUTE

Occupation (for Individual)  
ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2017

Transaction ID : SA11A.744242

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BOWER, BROOKS, H., MR.,**

Mailing Address 9300 SEATON SPRINGS PKWY

City  
LOUISVILLE

State  
KY

Zip Code  
40222-5067

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAPERCON CORPORATION

Occupation (for Individual)  
CHAIRMAN/C F O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2017

Transaction ID : SA11A.747462

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BOWERS, DONALD, D.,**

Mailing Address 718 US HIGHWAY 82 E  
STE 121

City  
SHERMAN

State  
TX

Zip Code  
75090-0528

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.742871

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BOYER-VISSER, NORMAN, E., MR.,**

Mailing Address 1416 EDITH ST

City  
BERKELEY

State  
CA

Zip Code  
94703-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BIOGENEX

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

296.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2017

Transaction ID : SA11A.742640

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5270.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BOYER-VISSER, NORMAN, E., MR.,**

Mailing Address 1416 EDITH ST

City  
BERKELEY

State  
CA

Zip Code  
94703-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BIOGENEX

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.76

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743793

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BOYER-VISSER, NORMAN, E., MR.,**

Mailing Address 1416 EDITH ST

City  
BERKELEY

State  
CA

Zip Code  
94703-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BIOGENEX

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.76

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743794

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BOYER-VISSER, NORMAN, E., MR.,**

Mailing Address 1416 EDITH ST

City  
BERKELEY

State  
CA

Zip Code  
94703-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BIOGENEX

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

296.76

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2017

Transaction ID : SA11A.748173

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

276.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRADSHAW, RONALD, B., MR.,

Mailing Address PO BOX 623

City  
MUKILTEO

State  
WA

Zip Code  
98275-0623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICROSOFT CORP.

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.742814

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRADSHAW, RONALD, B., MR.,

Mailing Address PO BOX 623

City  
MUKILTEO

State  
WA

Zip Code  
98275-0623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICROSOFT CORP.

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : SA11A.743843

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRADSHAW, RONALD, B., MR.,

Mailing Address PO BOX 623

City  
MUKILTEO

State  
WA

Zip Code  
98275-0623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICROSOFT CORP.

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2017

Transaction ID : SA11A.743844

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BRADSHAW, RONALD, B., MR.,**

Mailing Address PO BOX 623

City  
MUKILTEO

State  
WA

Zip Code  
98275-0623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICROSOFT CORP.

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2017

Transaction ID : SA11A.744757

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BRADSHAW, RONALD, B., MR.,**

Mailing Address PO BOX 623

City  
MUKILTEO

State  
WA

Zip Code  
98275-0623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICROSOFT CORP.

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2017

Transaction ID : SA11A.745883

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BRADSHAW, RONALD, B., MR.,**

Mailing Address PO BOX 623

City  
MUKILTEO

State  
WA

Zip Code  
98275-0623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICROSOFT CORP.

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2017

Transaction ID : SA11A.746326

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BRADSHAW, RONALD, B., MR.,**

Mailing Address PO BOX 623

City  
MUKILTEO

State  
WA

Zip Code  
98275-0623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICROSOFT CORP.

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2017

Transaction ID : SA11A.746327

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BRADSHAW, RONALD, B., MR.,**

Mailing Address PO BOX 623

City  
MUKILTEO

State  
WA

Zip Code  
98275-0623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICROSOFT CORP.

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2017

Transaction ID : SA11A.747996

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BROWN, CURTIS, WAYNE, MR.,**

Mailing Address 5840 E VIA LOS CABALLOS

City  
PARADISE VALLEY

State  
AZ

Zip Code  
85253-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROSS BROWN PARTNERS

Occupation (for Individual)  
SELF EMPLOYED-COMMERCIAL REA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2017

Transaction ID : SA11A.743257

Amount of Each Receipt this Period

1200.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BROWN, VICKI, , ,**

Mailing Address 413 ROCK FENCE PL

City  
LAWRENCE

State  
KS

Zip Code  
66049-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : SA11A.744970

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BROWN, VICKI, , ,**

Mailing Address 413 ROCK FENCE PL

City  
LAWRENCE

State  
KS

Zip Code  
66049-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 03 / 2017

Transaction ID : SA11A.746184

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BRUESHABER, LARRY, J, MR.,**

Mailing Address 7454 LAKE PARK DR

City  
WEST CHESTER

State  
OH

Zip Code  
45069-2635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CENTURY MOTORS OF COLUMBUS

Occupation (for Individual)  
AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : SA11A.745951

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

726.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BRUNNER, JOHN, GAMMON, MR.,**

Mailing Address 11939 MANCHESTER RD

 City  
 SAINT LOUIS

 State  
 MO

 Zip Code  
 63131-4502

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 VI-JON LABORATORIES

 Occupation (for Individual)  
 C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.746274

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

SEE REATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BRUNNER, JANELL, S., ,**

 Mailing Address 11939 MANCHESTER RD  
 # 151

 City  
 SAINT LOUIS

 State  
 MO

 Zip Code  
 63131-4502

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 HOMEMAKER

 Occupation (for Individual)  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.749136

Amount of Each Receipt this Period

☒ Memo Item  
 CONTRIBUTION

REATTRIBUTION FROM SPOUSE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BRUNNER, JOHN, GAMMON, MR.,**

Mailing Address 11939 MANCHESTER RD

 City  
 SAINT LOUIS

 State  
 MO

 Zip Code  
 63131-4502

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 VI-JON LABORATORIES

 Occupation (for Individual)  
 C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.749137

Amount of Each Receipt this Period

☒ Memo Item  
 CONTRIBUTION

REATTRIBUTION TO SPOUSE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BUCKINGHAM, EDWARD, D.,**

Mailing Address 404 HURST CREEK RD

 City  
 LAKEWAY

 State  
 TX

 Zip Code  
 78734-3463

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2017

Transaction ID : SA11A.742002

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BUKOWSKY, JENNIFER, K., MS.,**

Mailing Address 2140 E BLUEBIRD LN

 City  
 COLUMBIA

 State  
 MO

 Zip Code  
 65201-9356

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BUKOWSKY LAW FIRM

 Occupation (for Individual)  
 ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2017

Transaction ID : SA11A.746279

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BURNETT, PETER, G.,**

Mailing Address 3744 S LEISURE WORLD BLVD

 City  
 SILVER SPRING

 State  
 MD

 Zip Code  
 20906-1502

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2017

Transaction ID : SA11A.741416

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BURNETT, PETER, G., ,**

Mailing Address 3744 S LEISURE WORLD BLVD

City  
SILVER SPRING

State  
MD

Zip Code  
20906-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2017

Transaction ID : SA11A.747784

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BURNETT, PETER, G., ,**

Mailing Address 3744 S LEISURE WORLD BLVD

City  
SILVER SPRING

State  
MD

Zip Code  
20906-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2017

Transaction ID : SA11A.748256

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BURNETT, PETER, G., ,**

Mailing Address 3744 S LEISURE WORLD BLVD

City  
SILVER SPRING

State  
MD

Zip Code  
20906-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2017

Transaction ID : SA11A.748257

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 416

(check only one)

☒ 11a   ☐ 11b   ☐ 11c   ☐ 12  
☐ 13   ☐ 14   ☐ 15   ☐ 16   ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BURNETT, PETER, G., ,**

Mailing Address 3744 S LEISURE WORLD BLVD

 City  
 SILVER SPRING

 State  
 MD

 Zip Code  
 20906-1502

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 SALES

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2017

Transaction ID : SA11A.748258

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BYRNE, PATRICK, M., MR.,**

Mailing Address 700 BITNER RD

 City  
 PARK CITY

 State  
 UT

 Zip Code  
 84098-5489

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 OVERSTOCK.COM

 Occupation (for Individual)  
 CEO

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2017

Transaction ID : SA11A.747468

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CAMP, WILLIAM, , MR.,**

Mailing Address 2219 BROOKFIELD DR

 City  
 ROANOKE

 State  
 VA

 Zip Code  
 24018-2747

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2017

Transaction ID : SA11A.740882

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

5150.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **CAMP, WILLIAM, , MR.,**

Mailing Address 2219 BROOKFIELD DR

City  
ROANOKE

State  
VA

Zip Code  
24018-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : SA11A.743654

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **CAMP, WILLIAM, , MR.,**

Mailing Address 2219 BROOKFIELD DR

City  
ROANOKE

State  
VA

Zip Code  
24018-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : SA11A.745617

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **CAMP, WILLIAM, , MR.,**

Mailing Address 2219 BROOKFIELD DR

City  
ROANOKE

State  
VA

Zip Code  
24018-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2017

Transaction ID : SA11A.745661

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAMP, WILLIAM, , MR.,

Mailing Address 2219 BROOKFIELD DR

City  
ROANOKE

State  
VA

Zip Code  
24018-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746719

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAMP, WILLIAM, , MR.,

Mailing Address 2219 BROOKFIELD DR

City  
ROANOKE

State  
VA

Zip Code  
24018-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

Transaction ID : SA11A.746720

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAMP, WILLIAM, , MR.,

Mailing Address 2219 BROOKFIELD DR

City  
ROANOKE

State  
VA

Zip Code  
24018-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2017

Transaction ID : SA11A.747856

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 OF 416

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CAMP, WILLIAM, , MR.,**

Mailing Address 2219 BROOKFIELD DR

City  
ROANOKE

State  
VA

Zip Code  
24018-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 22 / 2017

Transaction ID : SA11A.748215

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CAMP, WILLIAM, , MR.,**

Mailing Address 2219 BROOKFIELD DR

City  
ROANOKE

State  
VA

Zip Code  
24018-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 27 / 2017

Transaction ID : SA11A.748216

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CAMPBELL, CRAIG, ROSS, MR.,**

Mailing Address 1361 ROCKY POINT DR  
STE 111

City  
OCEANSIDE

State  
CA

Zip Code  
92056-5864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEGU

Occupation (for Individual)  
RE SALES AND MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

02 / 17 / 2017

Transaction ID : SA11A.741713

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CAMPBELL, CRAIG, ROSS, MR.,**

Mailing Address 1361 ROCKY POINT DR  
STE 111

City  
OCEANSIDE

State  
CA

Zip Code  
92056-5864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEGU

Occupation (for Individual)  
RE SALES AND MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743874

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CAMPBELL, CRAIG, ROSS, MR.,**

Mailing Address 1361 ROCKY POINT DR  
STE 111

City  
OCEANSIDE

State  
CA

Zip Code  
92056-5864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEGU

Occupation (for Individual)  
RE SALES AND MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743875

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CAMPBELL, CRAIG, ROSS, MR.,**

Mailing Address 1361 ROCKY POINT DR  
STE 111

City  
OCEANSIDE

State  
CA

Zip Code  
92056-5864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEGU

Occupation (for Individual)  
RE SALES AND MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2017

Transaction ID : SA11A.744884

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **CAMPBELL, CRAIG, ROSS, MR.,**

Mailing Address 1361 ROCKY POINT DR  
STE 111

City  
OCEANSIDE

State  
CA

Zip Code  
92056-5864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DEGU

Occupation (for Individual)

RE SALES AND MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : SA11A.744952

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **CAMPBELL, CRAIG, ROSS, MR.,**

Mailing Address 1361 ROCKY POINT DR  
STE 111

City  
OCEANSIDE

State  
CA

Zip Code  
92056-5864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DEGU

Occupation (for Individual)

RE SALES AND MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745688

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **CAMPBELL, CRAIG, ROSS, MR.,**

Mailing Address 1361 ROCKY POINT DR  
STE 111

City  
OCEANSIDE

State  
CA

Zip Code  
92056-5864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DEGU

Occupation (for Individual)

RE SALES AND MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : SA11A.745711

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CANNON, SUE, M., MS.,**

Mailing Address 6420 W LAKERIDGE RD

City  
LAKEWOOD

State  
CO

Zip Code  
80227-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2017

Transaction ID : SA11A.740259

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CARTER, MARTIN, , ,**

Mailing Address 3417 SHERIAN AVE

City  
BOSSIER CITY

State  
LA

Zip Code  
71112-3683

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WYCHE COLEMAN APMC

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

Transaction ID : SA11A.748047

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CASEY, DAVID, D., MR.,**

Mailing Address 15255 SWITZER RD

City  
OVERLAND PARK

State  
KS

Zip Code  
66221-9551

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2017

Transaction ID : SA11A.742578

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CASEY, DAVID, D., MR.,**

Mailing Address 15255 SWITZER RD

City  
OVERLAND PARK

State  
KS

Zip Code  
66221-9551

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2017

Transaction ID : SA11A.747197

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CASEY, DAVID, D., MR.,**

Mailing Address 15255 SWITZER RD

City  
OVERLAND PARK

State  
KS

Zip Code  
66221-9551

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2017

Transaction ID : SA11A.748804

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CASON, EDGAR, , ,**

Mailing Address 419 SHOP RD

City  
COUSHATTA

State  
LA

Zip Code  
71019-9635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CASON TIMBER AND CATTLE COMPANY

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

Transaction ID : SA11A.748043

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 416

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CASPERSON, CAROLINA, , MRS.,**Mailing Address 1700 N LINCOLN ST  
STE 2250City  
DENVERState  
COZip Code  
80203-4503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CHRISTIAN SCIENCE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.64

Date of Receipt

M M	D D	Y Y Y Y
01	24	2017

Transaction ID : SA11A.740293

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CASPERSON, CAROLINA, , MRS.,**Mailing Address 1700 N LINCOLN ST  
STE 2250City  
DENVERState  
COZip Code  
80203-4503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CHRISTIAN SCIENCE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.64

Date of Receipt

M M	D D	Y Y Y Y
02	02	2017

Transaction ID : SA11A.740895

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CASPERSON, CAROLINA, , MRS.,**Mailing Address 1700 N LINCOLN ST  
STE 2250City  
DENVERState  
COZip Code  
80203-4503FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CHRISTIAN SCIENCE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.64

Date of Receipt

M M	D D	Y Y Y Y
02	17	2017

Transaction ID : SA11A.741736

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CASPERSON, CAROLINA, , MRS.,**

Mailing Address 1700 N LINCOLN ST  
STE 2250

City  
DENVER

State  
CO

Zip Code  
80203-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CHRISTIAN SCIENCE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.64

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2017

Transaction ID : SA11A.742114

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CASPERSON, CAROLINA, , MRS.,**

Mailing Address 1700 N LINCOLN ST  
STE 2250

City  
DENVER

State  
CO

Zip Code  
80203-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CHRISTIAN SCIENCE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.64

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2017

Transaction ID : SA11A.742115

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CASPERSON, CAROLINA, , MRS.,**

Mailing Address 1700 N LINCOLN ST  
STE 2250

City  
DENVER

State  
CO

Zip Code  
80203-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CHRISTIAN SCIENCE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.64

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 04 / 2017

Transaction ID : SA11A.742737

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.16



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CASPERSON, CAROLINA, , MRS.,**

Mailing Address 1700 N LINCOLN ST  
STE 2250

City  
DENVER

State  
CO

Zip Code  
80203-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CHRISTIAN SCIENCE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2017

Transaction ID : SA11A.742772

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CASPERSON, CAROLINA, , MRS.,**

Mailing Address 1700 N LINCOLN ST  
STE 2250

City  
DENVER

State  
CO

Zip Code  
80203-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CHRISTIAN SCIENCE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.743096

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CASPERSON, CAROLINA, , MRS.,**

Mailing Address 1700 N LINCOLN ST  
STE 2250

City  
DENVER

State  
CO

Zip Code  
80203-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CHRISTIAN SCIENCE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2017

Transaction ID : SA11A.744804

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.16

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASPERSON, CAROLINA, , MRS.,

Mailing Address 1700 N LINCOLN ST  
STE 2250

City  
DENVER

State  
CO

Zip Code  
80203-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CHRISTIAN SCIENCE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2017

Transaction ID : SA11A.745492

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CASPERSON, CAROLINA, , MRS.,

Mailing Address 1700 N LINCOLN ST  
STE 2250

City  
DENVER

State  
CO

Zip Code  
80203-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CHRISTIAN SCIENCE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : SA11A.745966

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CASPERSON, CAROLINA, , MRS.,

Mailing Address 1700 N LINCOLN ST  
STE 2250

City  
DENVER

State  
CO

Zip Code  
80203-4503

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CHRISTIAN SCIENCE PRACTITIONER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2017

Transaction ID : SA11A.747544

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

65.32

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAN, SALLY, , ,

Mailing Address 1430 WOODMAN AVE

City  
SILVER SPRING

State  
MD

Zip Code  
20902-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2017

Transaction ID : SA11A.741383

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHAN, SALLY, , ,

Mailing Address 1430 WOODMAN AVE

City  
SILVER SPRING

State  
MD

Zip Code  
20902-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742486

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAN, SALLY, , ,

Mailing Address 1430 WOODMAN AVE

City  
SILVER SPRING

State  
MD

Zip Code  
20902-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.743140

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

95.16

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAN, SALLY, , ,

Mailing Address 1430 WOODMAN AVE

City  
SILVER SPRING

State  
MD

Zip Code  
20902-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743522

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHAN, SALLY, , ,

Mailing Address 1430 WOODMAN AVE

City  
SILVER SPRING

State  
MD

Zip Code  
20902-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745271

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAN, SALLY, , ,

Mailing Address 1430 WOODMAN AVE

City  
SILVER SPRING

State  
MD

Zip Code  
20902-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2017

Transaction ID : SA11A.745625

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

95.16

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CHAN, SALLY, , ,**

Mailing Address 1430 WOODMAN AVE

City  
SILVER SPRING

State  
MD

Zip Code  
20902-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2017

**Transaction ID : SA11A.746066**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CHAN, SALLY, , ,**

Mailing Address 1430 WOODMAN AVE

City  
SILVER SPRING

State  
MD

Zip Code  
20902-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2017

**Transaction ID : SA11A.747453**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CHAN, SALLY, , ,**

Mailing Address 1430 WOODMAN AVE

City  
SILVER SPRING

State  
MD

Zip Code  
20902-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2017

**Transaction ID : SA11A.748254**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLBURN, BETSY, , ,

Mailing Address 141 APPLE TREE RD

City  
WINNETKA

State  
IL

Zip Code  
60093-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

Transaction ID : SA11A.740887

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLDIRON, BRETT, M, DR.,

Mailing Address 3024 BURNET AVE

City  
CINCINNATI

State  
OH

Zip Code  
45219-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

Transaction ID : SA11A.748429

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLE, PHILIP, A., ,

Mailing Address 5819 GILBERT DR

City  
SHREVEPORT

State  
LA

Zip Code  
71106-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

Transaction ID : SA11A.748044

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

9000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COLEMAN, WYCHE, TAYLOR, DR., III**

Mailing Address 10088 SAINT BERNARD DR

City  
SHREVEPORT

State  
LA

Zip Code  
71106-8544

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WILLIS KNIGHTON

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2017

Transaction ID : SA11A.748064

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. COLEMAN, WYCHE, TAYLOR, DR., JR.**

Mailing Address 5560 HIGHWAY 784

City  
COUSHATTA

State  
LA

Zip Code  
71019-5140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

Transaction ID : SA11A.748034

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. COLLEY, JOEL, E, DR., M.D.**

Mailing Address 10405 E PARADISE DR

City  
SCOTTSDALE

State  
AZ

Zip Code  
85259-2933

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : SA11A.741680

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONNOR, MARIA, H., MS.,

Mailing Address 36 ALLERTON ST

City  
BROOKLINE

State  
MA

Zip Code  
02445-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
POLYVINYL FILMS

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2017

Transaction ID : SA11A.741583

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONNOR, MARIA, H., MS.,

Mailing Address 36 ALLERTON ST

City  
BROOKLINE

State  
MA

Zip Code  
02445-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
POLYVINYL FILMS

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742431

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONNOR, MARIA, H., MS.,

Mailing Address 36 ALLERTON ST

City  
BROOKLINE

State  
MA

Zip Code  
02445-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
POLYVINYL FILMS

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

Transaction ID : SA11A.746224

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONNOR, MARIA, H., MS.,

Mailing Address 36 ALLERTON ST

City  
BROOKLINE

State  
MA

Zip Code  
02445-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
POLYVINYL FILMS

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2017

Transaction ID : SA11A.746794

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONNOR, MARIA, H., MS.,

Mailing Address 36 ALLERTON ST

City  
BROOKLINE

State  
MA

Zip Code  
02445-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
POLYVINYL FILMS

Occupation (for Individual)  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2017

Transaction ID : SA11A.748521

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOMBS, LUKE, , ,

Mailing Address 2511 FABER ST  
APT 2

City  
CHARLOTTE

State  
NC

Zip Code  
28208-5908

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SCHWEITZER

Occupation (for Individual)  
TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.743093

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

351.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORNELIUS, RANDALL, , MR.,

Mailing Address 13203 GENTRY DR

City  
HAGERSTOWN

State  
MD

Zip Code  
21742-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MID-ATLANTIC SOLUTIONS

Occupation (for Individual)  
MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743460

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORNELIUS, RANDALL, , MR.,

Mailing Address 13203 GENTRY DR

City  
HAGERSTOWN

State  
MD

Zip Code  
21742-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MID-ATLANTIC SOLUTIONS

Occupation (for Individual)  
MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

Transaction ID : SA11A.743461

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COX, RICK, , MR.,

Mailing Address 29455 N CAVE CREEK RD  
STE 118-629

City  
CAVE CREEK

State  
AZ

Zip Code  
85331-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RLC LABS

Occupation (for Individual)  
SHIPPING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : SA11A.744964

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COX, RICK, , MR.,**

Mailing Address 29455 N CAVE CREEK RD  
STE 118-629

City  
CAVE CREEK

State  
AZ

Zip Code  
85331-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RLC LABS

Occupation (for Individual)  
SHIPPING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2017

**Transaction ID : SA11A.746395**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. COYNE, JEROME, D., MR.,**

Mailing Address 7825 W 400 N

City  
MICHIGAN CITY

State  
IN

Zip Code  
46360-2909

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2017

**Transaction ID : SA11A.740260**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CRAIG, JENNY, , MS.,**

Mailing Address 2936 CAMINO DEL MAR

City  
DEL MAR

State  
CA

Zip Code  
92014-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : SA11A.741644**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2025.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CRAIG, MICHAEL, P., MR.,**

Mailing Address 13824 OAKMOND RD

City  
EDMOND

State  
OK

Zip Code  
73013-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

Transaction ID : SA11A.740696

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CRAIG, MICHAEL, P., MR.,**

Mailing Address 13824 OAKMOND RD

City  
EDMOND

State  
OK

Zip Code  
73013-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2017

Transaction ID : SA11A.745750

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CRAIG, MICHAEL, P., MR.,**

Mailing Address 13824 OAKMOND RD

City  
EDMOND

State  
OK

Zip Code  
73013-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2017

Transaction ID : SA11A.748962

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CROSS, ROBERT, M., DR., M.D.**

Mailing Address PO BOX 427

City  
BOMOSEEN

State  
VT

Zip Code  
05732-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2017

Transaction ID : SA11A.742045

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CROSS, ROBERT, M., DR., M.D.**

Mailing Address PO BOX 427

City  
BOMOSEEN

State  
VT

Zip Code  
05732-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2017

Transaction ID : SA11A.742787

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CROSS, ROBERT, M., DR., M.D.**

Mailing Address PO BOX 427

City  
BOMOSEEN

State  
VT

Zip Code  
05732-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2017

Transaction ID : SA11A.742788

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CROSS, ROBERT, M., DR., M.D.**

Mailing Address PO BOX 427

City  
BOMOSEEN

State  
VT

Zip Code  
05732-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2017

**Transaction ID : SA11A.744179**

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CROSS, ROBERT, M., DR., M.D.**

Mailing Address PO BOX 427

City  
BOMOSEEN

State  
VT

Zip Code  
05732-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2017

**Transaction ID : SA11A.744378**

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CROSS, ROBERT, M., DR., M.D.**

Mailing Address PO BOX 427

City  
BOMOSEEN

State  
VT

Zip Code  
05732-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2017

**Transaction ID : SA11A.744687**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CROSS, ROBERT, M., DR., M.D.**

Mailing Address PO BOX 427

City  
BOMOSEEN

State  
VT

Zip Code  
05732-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 04 / 2017

Transaction ID : SA11A.746256

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CROSS, ROBERT, M., DR., M.D.**

Mailing Address PO BOX 427

City  
BOMOSEEN

State  
VT

Zip Code  
05732-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2017

Transaction ID : SA11A.746310

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CROSS, ROBERT, M., DR., M.D.**

Mailing Address PO BOX 427

City  
BOMOSEEN

State  
VT

Zip Code  
05732-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2017

Transaction ID : SA11A.747534

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CROSS, ROBERT, M., DR., M.D.**

Mailing Address PO BOX 427

City  
BOMOSEEN

State  
VT

Zip Code  
05732-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 01 / 2017

Transaction ID : SA11A.747983

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CROSS, ROBERT, M., DR., M.D.**

Mailing Address PO BOX 427

City  
BOMOSEEN

State  
VT

Zip Code  
05732-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.32

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2017

Transaction ID : SA11A.748678

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CROWN, ERIC, , MR.,**

Mailing Address 1305 W AUTO DR

City  
TEMPE

State  
AZ

Zip Code  
85284-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ANCHOR MANAGEMENT LLC

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2017

Transaction ID : SA11A.742098

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5030.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CULLOP, ALAN, STEVEN, MR.,**

Mailing Address 7731 S PITKIN CT

City  
CENTENNIAL

State  
CO

Zip Code  
80016-1839

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAVITA, INC.

Occupation (for Individual)  
IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2017

Transaction ID : SA11A.745761

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CUNNINGHAM, JOHN, W., MR.,**

Mailing Address 1402 OLD LASCASSAS RD

City  
MURFREESBORO

State  
TN

Zip Code  
37130-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 26 / 2017

Transaction ID : SA11A.740378

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CUNNINGHAM, JOHN, W., MR.,**

Mailing Address 1402 OLD LASCASSAS RD

City  
MURFREESBORO

State  
TN

Zip Code  
37130-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742420

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1075.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CUNNINGHAM, JOHN, W., MR.,**

Mailing Address 1402 OLD LASCASSAS RD

City

MURFREESBORO

State

TN

Zip Code

37130-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : SA11A.744181

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CUNNINGHAM, JOHN, W., MR.,**

Mailing Address 1402 OLD LASCASSAS RD

City

MURFREESBORO

State

TN

Zip Code

37130-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2017

Transaction ID : SA11A.747390

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CUNNINGHAM, JOHN, W., MR.,**

Mailing Address 1402 OLD LASCASSAS RD

City

MURFREESBORO

State

TN

Zip Code

37130-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2017

Transaction ID : SA11A.748518

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CUNNINGHAM, JOHN, W., MR.,

Mailing Address 1402 OLD LASCASSAS RD

City

MURFREESBORO

State

TN

Zip Code

37130-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

PROPERTY MANAGEMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2017

Transaction ID : SA11A.748519

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CURE, RICHARD, L., MR.,

Mailing Address 601 HOUSTON ST  
STE 103

City

SANGER

State

TX

Zip Code

76266-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

RETAIL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2017

Transaction ID : SA11A.742707

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CURE, RICHARD, L., MR.,

Mailing Address 601 HOUSTON ST  
STE 103

City

SANGER

State

TX

Zip Code

76266-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

RETAIL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743447

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CURE, RICHARD, L., MR.,

Mailing Address 601 HOUSTON ST  
STE 103

City  
SANGER

State  
TX

Zip Code  
76266-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745277

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CURE, RICHARD, L., MR.,

Mailing Address 601 HOUSTON ST  
STE 103

City  
SANGER

State  
TX

Zip Code  
76266-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2017

Transaction ID : SA11A.746081

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CURE, RICHARD, L., MR.,

Mailing Address 601 HOUSTON ST  
STE 103

City  
SANGER

State  
TX

Zip Code  
76266-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2017

Transaction ID : SA11A.748842

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CZUHAJEWSKI, STEPHANIE, BETH, MS.,**

Mailing Address 708 MOONSTAR CT

City  
LEXINGTON

State  
KY

Zip Code  
40509-2165

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AGENTIS MANAGEMENT

Occupation (for Individual)  
ASSOCIATION MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 26 / 2017

Transaction ID : SA11A.747243

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DAVIS, WANDA, JEANNIE, MRS.,**

Mailing Address 212 GOLF CLUB DR

City  
NICHOLASVILLE

State  
KY

Zip Code  
40356-8169

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 25 / 2017

Transaction ID : SA11A.740356

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DAVIS, WANDA, JEANNIE, MRS.,**

Mailing Address 212 GOLF CLUB DR

City  
NICHOLASVILLE

State  
KY

Zip Code  
40356-8169

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2017

Transaction ID : SA11A.742058

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DAVIS, WANDA, JEANNIE, MRS.,**

Mailing Address 212 GOLF CLUB DR

City  
NICHOLASVILLE

State  
KY

Zip Code  
40356-8169

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2017

Transaction ID : SA11A.749003

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DE QUESADA, CARLOS, , ,**

Mailing Address 412 S SHORE DR

City  
SARASOTA

State  
FL

Zip Code  
34234-3749

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745745

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DEAN, RUSSELL, J, MR.,**

Mailing Address 32224 S 944 PR SE

City  
KENNEWICK

State  
WA

Zip Code  
99338-9424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RUSS DEAN FAMILY RV

Occupation (for Individual)  
RV DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742442

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

<b>X</b>	11a		11b		11c		12		
	13		14		15		16		17

## REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

FEC Schedule A (Form 3X) Rev. 06/2016

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DEMPEWOLF, THOMAS, , MR.,**

Mailing Address 5825 N GLORY TRL

City  
TUCSON

State  
AZ

Zip Code  
85743-9194

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KBRWYLE

Occupation (for Individual)  
SUPPORT ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2017

Transaction ID : SA11A.744182

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DEMPEWOLF, THOMAS, , MR.,**

Mailing Address 5825 N GLORY TRL

City  
TUCSON

State  
AZ

Zip Code  
85743-9194

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KBRWYLE

Occupation (for Individual)  
SUPPORT ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : SA11A.744958

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DEMPEWOLF, THOMAS, , MR.,**

Mailing Address 5825 N GLORY TRL

City  
TUCSON

State  
AZ

Zip Code  
85743-9194

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KBRWYLE

Occupation (for Individual)  
SUPPORT ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2017

Transaction ID : SA11A.746849

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DENNIS, GEORGE, , ,**

Mailing Address 7181 E CAMELBACK RD  
UNIT 505

City  
SCOTTSDALE

State  
AZ

Zip Code  
85251-8207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TV EARS

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 23 / 2017

Transaction ID : SA11A.745764

Amount of Each Receipt this Period

3000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DIAL, JAMES, M, MR.,**

Mailing Address 704 DOWNS DR

City  
SILVER SPRING

State  
MD

Zip Code  
20904-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENGILITY CORPORATION

Occupation (for Individual)  
INTELLIGENCE ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2017

Transaction ID : SA11A.741502

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DIAL, JAMES, M, MR.,**

Mailing Address 704 DOWNS DR

City  
SILVER SPRING

State  
MD

Zip Code  
20904-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENGILITY CORPORATION

Occupation (for Individual)  
INTELLIGENCE ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2017

Transaction ID : SA11A.743792

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DIAL, JAMES, M, MR.,**

Mailing Address 704 DOWNS DR

City  
SILVER SPRING

State  
MD

Zip Code  
20904-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENGILITY CORPORATION

Occupation (for Individual)  
INTELLIGENCE ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2017

Transaction ID : SA11A.747738

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DIECKHAUS, ROBERT, PATRICK, MR.,**

Mailing Address 623 SOUTHERN HILLS DR

City  
EUREKA

State  
MO

Zip Code  
63025-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MERAMEC GROUP, INC.

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : SA11A.743588

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DILWORTH, EVAN, , MRS.,**

Mailing Address 4007 MCCULLOUGH AVE  
# 472

City  
SAN ANTONIO

State  
TX

Zip Code  
78212-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE DILWORTH GROUP

Occupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2017

Transaction ID : SA11A.740715

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DIOGUARDI, MARK, D., MR.,**

Mailing Address 300 W BEECH ST  
UNIT 1503

City  
SAN DIEGO

State  
CA

Zip Code  
92101-8450

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DIOGUARDI FLYNN LLP

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 09 / 2017

**Transaction ID : SA11A.743260**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DONOFRIO, LOUIS, , MR.,**

Mailing Address 69 LEXINGTON DR

City  
PENNINGTON

State  
NJ

Zip Code  
08534-5169

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 25 / 2017

**Transaction ID : SA11A.740351**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DONOFRIO, LOUIS, , MR.,**

Mailing Address 69 LEXINGTON DR

City  
PENNINGTON

State  
NJ

Zip Code  
08534-5169

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : SA11A.741859**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **DONOFRIO, LOUIS, , MR.,**

Mailing Address 69 LEXINGTON DR

City  
PENNINGTON

State  
NJ

Zip Code  
08534-5169

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.742903

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **DONOFRIO, LOUIS, , MR.,**

Mailing Address 69 LEXINGTON DR

City  
PENNINGTON

State  
NJ

Zip Code  
08534-5169

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

Transaction ID : SA11A.744870

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **DONOFRIO, LOUIS, , MR.,**

Mailing Address 69 LEXINGTON DR

City  
PENNINGTON

State  
NJ

Zip Code  
08534-5169

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2017

Transaction ID : SA11A.747317

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DONOFRIO, LOUIS, , MR.,**

Mailing Address 69 LEXINGTON DR

City  
PENNINGTON

State  
NJ

Zip Code  
08534-5169

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 19 / 2017

Transaction ID : SA11A.749096

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DONOFRIO, LOUIS, , MR.,**

Mailing Address 69 LEXINGTON DR

City  
PENNINGTON

State  
NJ

Zip Code  
08534-5169

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 22 / 2017

Transaction ID : SA11A.749097

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DOWNEY, DERRETH, L., MS.,**

Mailing Address 97 SEA MIST LN

City  
WELLS

State  
ME

Zip Code  
04090-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MISTY HARBOR INC

Occupation (for Individual)  
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 18 / 2017

Transaction ID : SA11A.744967

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DOWNEY, DERRETH, L., MS.,**

Mailing Address 97 SEA MIST LN

City  
WELLS

State  
ME

Zip Code  
04090-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MISTY HARBOR INC

Occupation (for Individual)  
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 03 / 2017

**Transaction ID : SA11A.747303**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DOWNING, JOHN, E, DR.,**

Mailing Address 985 MATLOCK RD

City  
BOWLING GREEN

State  
KY

Zip Code  
42104-7408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JOHN E DOWNING PSC

Occupation (for Individual)  
OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2017

**Transaction ID : SA11A.741442**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DUCAR, JOSEPH, M., MR.,**

Mailing Address 9519 EDWARDS PL

City  
MINT HILL

State  
NC

Zip Code  
28227-9656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2017

**Transaction ID : SA11A.741888**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DUCAR, JOSEPH, M., MR.,**

Mailing Address 9519 EDWARDS PL

City  
MINT HILL

State  
NC

Zip Code  
28227-9656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2017

**Transaction ID : SA11A.742233**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DUCAR, JOSEPH, M., MR.,**

Mailing Address 9519 EDWARDS PL

City  
MINT HILL

State  
NC

Zip Code  
28227-9656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

**Transaction ID : SA11A.743997**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DUCAR, JOSEPH, M., MR.,**

Mailing Address 9519 EDWARDS PL

City  
MINT HILL

State  
NC

Zip Code  
28227-9656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2017

**Transaction ID : SA11A.745729**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DUCAR, JOSEPH, M., MR.,**

Mailing Address 9519 EDWARDS PL

City  
MINT HILL

State  
NC

Zip Code  
28227-9656

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2017

Transaction ID : SA11A.748578

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DUNBAR, THOMAS, E., MR.,**

Mailing Address 418 KNIGHTSBRIDGE RD  
# 2

City  
LOUISVILLE

State  
KY

Zip Code  
40206-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2017

Transaction ID : SA11A.746078

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DUNBAR, THOMAS, E., MR.,**

Mailing Address 418 KNIGHTSBRIDGE RD  
# 2

City  
LOUISVILLE

State  
KY

Zip Code  
40206-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746400

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUSTIN, MARGARET, EVANS, MRS.,

Mailing Address 305 5TH AVE S  
 STE 206

City  
 NAPLES

State  
 FL

Zip Code  
 34102-6518

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 FALLS RIVER GROUP LLC

Occupation (for Individual)  
 CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.01

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 30 / 2017

Transaction ID : SA11A.748117

Amount of Each Receipt this Period

1035.01

☐ Memo Item  
 CONTRIBUTION

FOOD/BEVERAGE/GOLF FEES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EBRAHIMI, ALI, , MR.,

Mailing Address 9801 WESTHEIMER RD  
 STE 250

City  
 HOUSTON

State  
 TX

Zip Code  
 77042-3951

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 ERS A GRAE

Occupation (for Individual)  
 DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 24 / 2017

Transaction ID : SA11A.747757

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EDWARDS, JAMES, CLIFFORD, DR.,

Mailing Address 801 S GARNER ST

City  
 STATE COLLEGE

State  
 PA

Zip Code  
 16801-5409

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 USACS

Occupation (for Individual)  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 07 / 2017

Transaction ID : SA11A.742909

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

3560.01

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. EDWARDS, JAMES, CLIFFORD, DR.,**

Mailing Address 801 S GARNER ST

City  
STATE COLLEGE

State  
PA

Zip Code  
16801-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USACS

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2017

Transaction ID : SA11A.744965

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. EDWARDS, TOM, , ,**

Mailing Address 2592 E WALKER LN

City  
HOLLADAY

State  
UT

Zip Code  
84117-7729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EPIC

Occupation (for Individual)  
DR.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743525

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. EDWARDS, TOM, , ,**

Mailing Address 2592 E WALKER LN

City  
HOLLADAY

State  
UT

Zip Code  
84117-7729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EPIC

Occupation (for Individual)  
DR.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 18 / 2017

Transaction ID : SA11A.744921

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ESHBAUGH, BILL, G, DR., JR.**

Mailing Address 4611 VIA RAVENNA

City  
BONITA SPRINGS

State  
FL

Zip Code  
34134-4914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RIVERCHASE DERMATOLOGY

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2017

Transaction ID : SA11A.747393

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ESPOSITO, RALPH, L, MR.,**

Mailing Address 4774 WASHINGTON AVE

City  
ORLANDO

State  
FL

Zip Code  
32819-3229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742412

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ESPOSITO, RALPH, L, MR.,**

Mailing Address 4774 WASHINGTON AVE

City  
ORLANDO

State  
FL

Zip Code  
32819-3229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

Transaction ID : SA11A.746149

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ESPOSITO, RALPH, L, MR.,**

Mailing Address 4774 WASHINGTON AVE

City  
ORLANDO

State  
FL

Zip Code  
32819-3229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2017

Transaction ID : SA11A.748320

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. EVANS, ALBERT, P., MR., III**

Mailing Address 114 S IRIS DR

City  
HOPKINSVILLE

State  
KY

Zip Code  
42240-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2017

Transaction ID : SA11A.741008

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. EVANS, ALBERT, P., MR., III**

Mailing Address 114 S IRIS DR

City  
HOPKINSVILLE

State  
KY

Zip Code  
42240-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2017

Transaction ID : SA11A.742089

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. EVANS, ALBERT, P., MR., III**

Mailing Address 114 S IRIS DR

City  
HOPKINSVILLE

State  
KY

Zip Code  
42240-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.743111

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. EVANS, ALBERT, P., MR., III**

Mailing Address 114 S IRIS DR

City  
HOPKINSVILLE

State  
KY

Zip Code  
42240-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2017

Transaction ID : SA11A.747149

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. EVANS, ALBERT, P., MR., III**

Mailing Address 114 S IRIS DR

City  
HOPKINSVILLE

State  
KY

Zip Code  
42240-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2017

Transaction ID : SA11A.748238

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FALCONBRIDGE, VAIDA, M, MS.,**

Mailing Address 118 CINNABAR WAY

City  
HERCULES

State  
CA

Zip Code  
94547-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
MUSIC TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : SA11A.741554

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FALCONBRIDGE, VAIDA, M, MS.,**

Mailing Address 118 CINNABAR WAY

City  
HERCULES

State  
CA

Zip Code  
94547-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
MUSIC TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.20

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745739

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FARIDI, HAMED, , DR.,**

Mailing Address 921 WESTERN RD

City  
HUNT VALLEY

State  
MD

Zip Code  
21030-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCCORMICK & COMPANY

Occupation (for Individual)  
CHIEF SCIENCE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2017

Transaction ID : SA11A.747755

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2403.20

<b>X</b>	11a		11b		11c		12		
	13		14		15		16		17

## REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

FEC Schedule A (Form 3X) Rev. 06/2016

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FERGUSON, LANCE, STIRLING, DR., M.D.**

Mailing Address 2353 ALEXANDRIA DR  
STE 350

City  
LEXINGTON

State  
KY

Zip Code  
40504-3208

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LANCE S. FERGUSON M.D. PSC

Occupation (for Individual)  
OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : SA11A.745774

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FERGUSON, LUELLA, J., MRS.,**

Mailing Address 1980 SANTA ROSA CT

City  
SANTA CLARA

State  
CA

Zip Code  
95051-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 24 / 2017

Transaction ID : SA11A.740292

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FERGUSON, LUELLA, J., MRS.,**

Mailing Address 1980 SANTA ROSA CT

City  
SANTA CLARA

State  
CA

Zip Code  
95051-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : SA11A.741751

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1075.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FERGUSON, LUELLA, J., MRS.,**

Mailing Address 1980 SANTA ROSA CT

City  
SANTA CLARA

State  
CA

Zip Code  
95051-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2017

Transaction ID : SA11A.742127

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FERGUSON, LUELLA, J., MRS.,**

Mailing Address 1980 SANTA ROSA CT

City  
SANTA CLARA

State  
CA

Zip Code  
95051-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743305

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FERGUSON, LUELLA, J., MRS.,**

Mailing Address 1980 SANTA ROSA CT

City  
SANTA CLARA

State  
CA

Zip Code  
95051-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2017

Transaction ID : SA11A.744553

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FERGUSON, LUELLA, J., MRS.,**

Mailing Address 1980 SANTA ROSA CT

City  
SANTA CLARA

State  
CA

Zip Code  
95051-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745686

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FERGUSON, LUELLA, J., MRS.,**

Mailing Address 1980 SANTA ROSA CT

City  
SANTA CLARA

State  
CA

Zip Code  
95051-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

Transaction ID : SA11A.746126

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FERGUSON, LUELLA, J., MRS.,**

Mailing Address 1980 SANTA ROSA CT

City  
SANTA CLARA

State  
CA

Zip Code  
95051-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2017

Transaction ID : SA11A.747099

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FERGUSON, LUELLA, J., MRS.,**

Mailing Address 1980 SANTA ROSA CT

City  
SANTA CLARA

State  
CA

Zip Code  
95051-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 18 / 2017

Transaction ID : SA11A.747700

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FERGUSON, LUELLA, J., MRS.,**

Mailing Address 1980 SANTA ROSA CT

City  
SANTA CLARA

State  
CA

Zip Code  
95051-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2017

Transaction ID : SA11A.747772

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FERGUSON, LUELLA, J., MRS.,**

Mailing Address 1980 SANTA ROSA CT

City  
SANTA CLARA

State  
CA

Zip Code  
95051-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2017

Transaction ID : SA11A.748336

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FERGUSON, LUELLA, J., MRS.,**

Mailing Address 1980 SANTA ROSA CT

City  
SANTA CLARA

State  
CA

Zip Code  
95051-2135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2017

Transaction ID : SA11A.748337

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FILLEY, MARK, , ,**

Mailing Address 10507 E WILDWIND CIR

City  
SPRING

State  
TX

Zip Code  
77380-4043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2017

Transaction ID : SA11A.740985

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FILLEY, MARK, , ,**

Mailing Address 10507 E WILDWIND CIR

City  
SPRING

State  
TX

Zip Code  
77380-4043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.743079

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FILLEY, MARK, , ,**

Mailing Address 10507 E WILDWIND CIR

 City  
 SPRING

 State  
 TX

 Zip Code  
 77380-4043

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2017

Transaction ID : SA11A.745722

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FIRESTONE, TED, , ,**

 Mailing Address 7175 E CAMELBACK RD  
 UNIT 805

 City  
 SCOTTSDALE

 State  
 AZ

 Zip Code  
 85251-1673

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 TIRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2017

Transaction ID : SA11A.743262

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FISH, GARY, EDD, DR.,**

Mailing Address 6230 ROYAL CREST DR

 City  
 DALLAS

 State  
 TX

 Zip Code  
 75230-3439

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 TEXAS RETINA ASSOCIATES

 Occupation (for Individual)  
 M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2017

Transaction ID : SA11A.745945

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

1600.00

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FLETCHER, ROBERT, W., MR.,**

Mailing Address 3009 LIGHTHEART RD

City  
LOUISVILLE

State  
KY

Zip Code  
40222-6138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IPCC CORP

Occupation (for Individual)  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 06 / 2017

**Transaction ID : SA11A.740217**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FLETCHER, ROBERT, W., MR.,**

Mailing Address 3009 LIGHTHEART RD

City  
LOUISVILLE

State  
KY

Zip Code  
40222-6138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IPCC CORP

Occupation (for Individual)  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2017

**Transaction ID : SA11A.742155**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FLETCHER, ROBERT, W., MR.,**

Mailing Address 3009 LIGHTHEART RD

City  
LOUISVILLE

State  
KY

Zip Code  
40222-6138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IPCC CORP

Occupation (for Individual)  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

**Transaction ID : SA11A.743839**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FLETCHER, ROBERT, W., MR.,**

Mailing Address 3009 LIGHTHEART RD

City  
LOUISVILLE

State  
KY

Zip Code  
40222-6138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IPCC CORP

Occupation (for Individual)  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

**Transaction ID : SA11A.744914**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FLETCHER, ROBERT, W., MR.,**

Mailing Address 3009 LIGHTHEART RD

City  
LOUISVILLE

State  
KY

Zip Code  
40222-6138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IPCC CORP

Occupation (for Individual)  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

**Transaction ID : SA11A.746106**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FLETCHER, ROBERT, W., MR.,**

Mailing Address 3009 LIGHTHEART RD

City  
LOUISVILLE

State  
KY

Zip Code  
40222-6138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IPCC CORP

Occupation (for Individual)  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

**Transaction ID : SA11A.746765**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FLETCHER, ROBERT, W., MR.,**

Mailing Address 3009 LIGHTHEART RD

City  
LOUISVILLE

State  
KY

Zip Code  
40222-6138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IPCC CORP

Occupation (for Individual)  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2017

Transaction ID : SA11A.747135

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FLETCHER, ROBERT, W., MR.,**

Mailing Address 3009 LIGHTHEART RD

City  
LOUISVILLE

State  
KY

Zip Code  
40222-6138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IPCC CORP

Occupation (for Individual)  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2017

Transaction ID : SA11A.748393

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FLETCHER, ROBERT, W., MR.,**

Mailing Address 3009 LIGHTHEART RD

City  
LOUISVILLE

State  
KY

Zip Code  
40222-6138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IPCC CORP

Occupation (for Individual)  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2017

Transaction ID : SA11A.748394

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FLORA, FRANK, , MR.,**

Mailing Address 19040 SE REACH ISLAND LN

City  
JUPITER

State  
FL

Zip Code  
33458-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
DISTRIBUTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : SA11A.743881**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FLORA, FRANK, , MR.,**

Mailing Address 19040 SE REACH ISLAND LN

City  
JUPITER

State  
FL

Zip Code  
33458-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
DISTRIBUTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2017

**Transaction ID : SA11A.745762**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FOLLETT, RAY, , ,**

Mailing Address 9401 KILBOURNE CT SW

City  
SEATTLE

State  
WA

Zip Code  
98136-2651

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAVITA

Occupation (for Individual)  
HEALTHCARE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2017

**Transaction ID : SA11A.745760**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FORD, KENNETH, , MR.,**

Mailing Address 2402 PRETTY BAYOU DR

City  
PANAMA CITY

State  
FL

Zip Code  
32405-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NSWCPC

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2017

**Transaction ID : SA11A.747467**

Amount of Each Receipt this Period

275.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GAETZ, MATT, , ,**

Mailing Address 301 BROOKS ST SE

City  
FORT WALTON BEACH

State  
FL

Zip Code  
32548-7234

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US HOUSE

Occupation (for Individual)  
CONGRESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2017

**Transaction ID : SA11A.747753**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GARCIA, ELOISA, S, DR.,**

Mailing Address 2642 S CENTRAL PARK AVE

City  
CHICAGO

State  
IL

Zip Code  
60623-4630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ORTHODONTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2017

**Transaction ID : SA11A.743462**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GARCIA, ELOISA, S, DR.,**

Mailing Address 2642 S CENTRAL PARK AVE

City  
CHICAGO

State  
IL

Zip Code  
60623-4630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ORTHODONTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2017

Transaction ID : SA11A.743463

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GASBARRA, FRANCES, , ,**

Mailing Address 10 ORCHARD LN

City  
GOLF

State  
IL

Zip Code  
60029-3107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FORTE INTERNATIONAL TAX

Occupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2017

Transaction ID : SA11A.742075

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GASBARRA, FRANCES, , ,**

Mailing Address 10 ORCHARD LN

City  
GOLF

State  
IL

Zip Code  
60029-3107

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FORTE INTERNATIONAL TAX

Occupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

301.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

Transaction ID : SA11A.746143

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

801.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GAY, BRIAN, , DR.,**

Mailing Address 2730 NORTHLAKE RD

City  
GAINESVILLE

State  
GA

Zip Code  
30506-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 09 / 2017

Transaction ID : SA11A.741075

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GENOVA, RONALD, , DR.,**

Mailing Address 3430 N MOUNTAIN RDG  
UNIT 14

City  
MESA

State  
AZ

Zip Code  
85207-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RGEP LLC

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : SA11A.743977

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GENOVA, RONALD, , DR.,**

Mailing Address 3430 N MOUNTAIN RDG  
UNIT 14

City  
MESA

State  
AZ

Zip Code  
85207-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RGEP LLC

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : SA11A.745903

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GEORGE, SAMUEL, , ,**

Mailing Address 4400 N SCOTTSDALE RD

City  
SCOTTSDALE

State  
AZ

Zip Code  
85251-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF EMPLOYED

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2017

Transaction ID : SA11A.743261

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GIBSON, MARTIN, , MR.,**

Mailing Address 230 WOODLANDS DR

City  
BASTROP

State  
TX

Zip Code  
78602-3180

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LOCKED LORD LLP

Occupation (for Individual)  
OIL & GAS ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : SA11A.745757

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GLENDINNING, ANN, W., MRS.,**

Mailing Address 318 S BEACH RD

City  
HOBE SOUND

State  
FL

Zip Code  
33455-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : SA11A.741674

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 110 OF 416

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GLENDINNING, ANN, W., MRS.,**

Mailing Address 318 S BEACH RD

City  
HOBE SOUND

State  
FL

Zip Code  
33455-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

**Transaction ID : SA11A.742285**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GLENDINNING, ANN, W., MRS.,**

Mailing Address 318 S BEACH RD

City  
HOBE SOUND

State  
FL

Zip Code  
33455-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2017

**Transaction ID : SA11A.744925**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GLENDINNING, ANN, W., MRS.,**

Mailing Address 318 S BEACH RD

City  
HOBE SOUND

State  
FL

Zip Code  
33455-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2017

**Transaction ID : SA11A.746068**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 416

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GLENDINNING, ANN, W., MRS.,**

Mailing Address 318 S BEACH RD

City  
HOBE SOUNDState  
FLZip Code  
33455-2605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	05	2017

Transaction ID : SA11A.746598

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GLENDINNING, ANN, W., MRS.,**

Mailing Address 318 S BEACH RD

City  
HOBE SOUNDState  
FLZip Code  
33455-2605FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
06	12	2017

Transaction ID : SA11A.749034

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GOERTEL, WAYNE, , MR.,**

Mailing Address 33 PARK LN

City  
HOOKSETTState  
NHZip Code  
03106-2140FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TRIMBLEOccupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
01	24	2017

Transaction ID : SA11A.740294

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GOERTEL, WAYNE, , MR.,**

Mailing Address 33 PARK LN

City  
HOOKSETT

State  
NH

Zip Code  
03106-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TRIMBLE

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : SA11A.743803

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GOERTEL, WAYNE, , MR.,**

Mailing Address 33 PARK LN

City  
HOOKSETT

State  
NH

Zip Code  
03106-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TRIMBLE

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745737

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GOETTLER, PETER, N., MR.,**

Mailing Address 2401 PENNSYLVANIA AVE NW  
APT 504

City  
WASHINGTON

State  
DC

Zip Code  
20037-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CATO INSTITUTE

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2017

Transaction ID : SA11A.745766

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5300.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GOLDBERG, ARI, N., MR.,**

Mailing Address 1149 MARSH RD

 City  
 REDWOOD CITY

 State  
 CA

 Zip Code  
 94063-4432

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 DEXTERA SURGICAL

 Occupation (for Individual)  
 ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.741590

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GOLDBERG, ARI, N., MR.,**

Mailing Address 1149 MARSH RD

 City  
 REDWOOD CITY

 State  
 CA

 Zip Code  
 94063-4432

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 DEXTERA SURGICAL

 Occupation (for Individual)  
 ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.743116

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GOLDBERG, ARI, N., MR.,**

Mailing Address 1149 MARSH RD

 City  
 REDWOOD CITY

 State  
 CA

 Zip Code  
 94063-4432

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 DEXTERA SURGICAL

 Occupation (for Individual)  
 ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.745701

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GOLDBERG, ARI, N., MR.,**

Mailing Address 1149 MARSH RD

City  
REDWOOD CITYState  
CAZip Code  
94063-4432FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEXTERA SURGICALOccupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	D D	Y Y Y Y
06	10	2017

Transaction ID : SA11A.748551

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GOODWIN, ROBERT, ALLAN, DR., M.D.**

Mailing Address 1417 DRAKES RIDGE LN

City  
BOWLING GREENState  
KYZip Code  
42103-7805FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
02	23	2017

Transaction ID : SA11A.742104

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GORMAN, JAMES, , ,**

Mailing Address PO BOX 2599

City  
MANSFIELDState  
OHZip Code  
44906-0599FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GORMAN - RUPP COOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
01	24	2017

Transaction ID : SA11A.740261

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GORNIK, KATHERINE, ANN, MS.,

Mailing Address 4158 GEORGETOWN RD

City  
LEXINGTON

State  
KY

Zip Code  
40511-9066

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THIEL AUDIO

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2017

Transaction ID : SA11A.748766

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRAHAM, JOHN, C., MR.,

Mailing Address 20001 BIG PINES HWY

City  
VALYERMO

State  
CA

Zip Code  
93563-1002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : SA11A.741591

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRAMS, DAVID, , MR.,

Mailing Address 5866 N SHORE DR

City  
WHITEFISH BAY

State  
WI

Zip Code  
53217-4632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAVITA

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2017

Transaction ID : SA11A.745889

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2201.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GROB, RONALD, , MR.,**

Mailing Address 3115 BENT DR

City  
LOVELAND

State  
CO

Zip Code  
80538-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RON GROB COMPANY

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2017

**Transaction ID : SA11A.744014**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GROB, RONALD, , MR.,**

Mailing Address 3115 BENT DR

City  
LOVELAND

State  
CO

Zip Code  
80538-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RON GROB COMPANY

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

**Transaction ID : SA11A.746771**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GROB, RONALD, , MR.,**

Mailing Address 3115 BENT DR

City  
LOVELAND

State  
CO

Zip Code  
80538-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RON GROB COMPANY

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2017

**Transaction ID : SA11A.747690**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GROB, RONALD, , MR.,**

Mailing Address 3115 BENT DR

City  
LOVELAND

State  
CO

Zip Code  
80538-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RON GROB COMPANY

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2017

**Transaction ID : SA11A.748862**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GRONEMEYER, STEVEN, A, DR.,**

Mailing Address 856 CRESCENT VIEW DR NE

City  
CEDAR RAPIDS

State  
IA

Zip Code  
52402-6773

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : SA11A.741517**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GRONEMEYER, STEVEN, A, DR.,**

Mailing Address 856 CRESCENT VIEW DR NE

City  
CEDAR RAPIDS

State  
IA

Zip Code  
52402-6773

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 18 / 2017

**Transaction ID : SA11A.744910**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GRONEMEYER, STEVEN, A, DR.,**

Mailing Address 856 CRESCENT VIEW DR NE

City  
CEDAR RAPIDS

State  
IA

Zip Code  
52402-6773

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2017

**Transaction ID : SA11A.747729**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HALE, BILLY, E., MR.,**

Mailing Address 11823 WILCREST DR

City  
HOUSTON

State  
TX

Zip Code  
77031-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RUBE HOLDINGS, LTD

Occupation (for Individual)  
INVESTMENT BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

**Transaction ID : SA11A.742307**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HALE, BILLY, E., MR.,**

Mailing Address 11823 WILCREST DR

City  
HOUSTON

State  
TX

Zip Code  
77031-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RUBE HOLDINGS, LTD

Occupation (for Individual)  
INVESTMENT BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

**Transaction ID : SA11A.746635**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HALLAM, ROBERT, W., MR.,**

Mailing Address 120 W ADAMS ST

City  
STOCKTON

State  
CA

Zip Code  
95204-5338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVENUE COIN, INC.

Occupation (for Individual)  
COIN DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2017

**Transaction ID : SA11A.741425**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HALLAM, ROBERT, W., MR.,**

Mailing Address 120 W ADAMS ST

City  
STOCKTON

State  
CA

Zip Code  
95204-5338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVENUE COIN, INC.

Occupation (for Individual)  
COIN DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2017

**Transaction ID : SA11A.745736**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HALLAM, ROBERT, W., MR.,**

Mailing Address 120 W ADAMS ST

City  
STOCKTON

State  
CA

Zip Code  
95204-5338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVENUE COIN, INC.

Occupation (for Individual)  
COIN DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2017

**Transaction ID : SA11A.746241**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HALLAM, ROBERT, W., MR.,**

Mailing Address 120 W ADAMS ST

City  
STOCKTON

State  
CA

Zip Code  
95204-5338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVENUE COIN, INC.

Occupation (for Individual)  
COIN DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2017

**Transaction ID : SA11A.747816**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HALLAM, ROBERT, W., MR.,**

Mailing Address 120 W ADAMS ST

City  
STOCKTON

State  
CA

Zip Code  
95204-5338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVENUE COIN, INC.

Occupation (for Individual)  
COIN DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 22 / 2017

**Transaction ID : SA11A.748182**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HARBIN, THOMAS, S., DR., JR.**

Mailing Address 3888 TUXEDO RD NW

City  
ATLANTA

State  
GA

Zip Code  
30342-4034

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EYE CONSULTANTS OF ATL

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2017

**Transaction ID : SA11A.741450**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HARRILL, ANNE, F, MRS.,**

Mailing Address 1227 WOODS HAVEN RD

City  
EVERGREEN

State  
CO

Zip Code  
80439-4248

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2017

Transaction ID : SA11A.741701

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HARRILL, ANNE, F, MRS.,**

Mailing Address 1227 WOODS HAVEN RD

City  
EVERGREEN

State  
CO

Zip Code  
80439-4248

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2017

Transaction ID : SA11A.742749

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HARRIS, DENNIS, , ,**

Mailing Address PO BOX 1007

City  
WHITE PINE

State  
TN

Zip Code  
37890-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HEALTHSTAR PHYSICIANS

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.742974

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

401.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HARRIS, DENNIS, , ,**

Mailing Address PO BOX 1007

City  
WHITE PINE

State  
TN

Zip Code  
37890-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HEALTHSTAR PHYSICIANS

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2017

**Transaction ID : SA11A.744966**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HARRIS, DENNIS, , ,**

Mailing Address PO BOX 1007

City  
WHITE PINE

State  
TN

Zip Code  
37890-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HEALTHSTAR PHYSICIANS

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2017

**Transaction ID : SA11A.746549**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HARRISON, ROGER, , MR.,**

Mailing Address 104 SHARON CT  
APT 204

City  
LAUREL

State  
MD

Zip Code  
20707-4538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CACI

Occupation (for Individual)  
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

**Transaction ID : SA11A.748070**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HASTINGS, EMILY, , ,

Mailing Address 2555 N PEARL ST  
APT 503

City  
DALLAS

State  
TX

Zip Code  
75201-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEXMARK

Occupation (for Individual)  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

Transaction ID : SA11A.748869

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HATTON, ROGER, CARNAHAN, MR.,

Mailing Address 221 RIDGEWOOD AVE

City  
CLEWISTON

State  
FL

Zip Code  
33440-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RC HATTON FARMS

Occupation (for Individual)  
FARMING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2017

Transaction ID : SA11A.741465

Amount of Each Receipt this Period

20.22

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HATTON, ROGER, CARNAHAN, MR.,

Mailing Address 221 RIDGEWOOD AVE

City  
CLEWISTON

State  
FL

Zip Code  
33440-5112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RC HATTON FARMS

Occupation (for Individual)  
FARMING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2017

Transaction ID : SA11A.744995

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

5270.22

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HAYNES, BOBBY, , ,**

Mailing Address 791 BAKER RD

City  
SMYRNA

State  
TN

Zip Code  
37167-5194

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TIE

Occupation (for Individual)  
TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2017

Transaction ID : SA11A.748517

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HELGESON, RANDI, J, MS.,**

Mailing Address 16485 ELLERDALE LN

City  
EDEN PRAIRIE

State  
MN

Zip Code  
55346-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2017

Transaction ID : SA11A.741732

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HELGESON, RANDI, J, MS.,**

Mailing Address 16485 ELLERDALE LN

City  
EDEN PRAIRIE

State  
MN

Zip Code  
55346-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : SA11A.744968

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HELGESON, RANDI, J, MS.,**

Mailing Address 16485 ELLERDALE LN

City  
EDEN PRAIRIE

State  
MN

Zip Code  
55346-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 05 / 2017

Transaction ID : SA11A.746682

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HENDERSON, CHARLES, D, MR.,**

Mailing Address 9 SLEEPY HOLLOW LN

City  
NEWTOWN SQUARE

State  
PA

Zip Code  
19073-3914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
INSURANCE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742333

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HENNELLY, JAMEY, KIP, ,**

Mailing Address 31 39TH ST

City  
DOWNERS GROVE

State  
IL

Zip Code  
60515-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PATRICK COMMERCIAL RE

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2017

Transaction ID : SA11A.742159

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

701.60

FOR LINE NUMBER:		PAGE 126 OF 416	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

## REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

FEC Schedule A (Form 3X) Rev. 06/2016

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HILBERG, INGEORG, S., MS.,**

Mailing Address 173 SHADOW MOUNTAIN DR

City  
SEDONA

State  
AZ

Zip Code  
86336-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2017

**Transaction ID : SA11A.740956**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HILBERG, INGEORG, S., MS.,**

Mailing Address 173 SHADOW MOUNTAIN DR

City  
SEDONA

State  
AZ

Zip Code  
86336-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : SA11A.741665**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HILBERG, INGEORG, S., MS.,**

Mailing Address 173 SHADOW MOUNTAIN DR

City  
SEDONA

State  
AZ

Zip Code  
86336-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

**Transaction ID : SA11A.746952**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

<b>X</b>	11a		11b		11c		12		
	13		14		15		16		17

## REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

FEC Schedule A (Form 3X) Rev. 06/2016



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HOLLIS, MICHAEL, , ,**

Mailing Address 2800 VETERANS BLVD., SUITE 365

City  
METAIRIE

State  
LA

Zip Code  
70002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOLLIS COMPANIES

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2017

Transaction ID : SA11A.748402

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOLMAN, WAYNE, JAMES, MR., III**

Mailing Address 55 E PEARSON ST  
UNIT 5006

City  
CHICAGO

State  
IL

Zip Code  
60611-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

Transaction ID : SA11A.746124

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HOLMAN, WAYNE, JAMES, MR., III**

Mailing Address 55 E PEARSON ST  
UNIT 5006

City  
CHICAGO

State  
IL

Zip Code  
60611-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746844

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HOLT, ALYN, R., MR.,**

Mailing Address 10 HESSIAN WAY

 City  
 CHERRY HILL

 State  
 NJ

 Zip Code  
 08003-2615

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 INTEST

 Occupation (for Individual)  
 EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.742856

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOLT, JOHN, J., MR.,**

Mailing Address 1220 SUN VALLEY LOOP

 City  
 LINCOLN

 State  
 CA

 Zip Code  
 95648-8492

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.744669

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HOLT, JOHN, J., MR.,**

Mailing Address 1220 SUN VALLEY LOOP

 City  
 LINCOLN

 State  
 CA

 Zip Code  
 95648-8492

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.745715

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **HOLT, JOHN, J., MR.,**

Mailing Address 1220 SUN VALLEY LOOP

City  
LINCOLNState  
CAZip Code  
95648-8492FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2017

Transaction ID : SA11A.747380

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **HOLT, JOHN, J., MR.,**

Mailing Address 1220 SUN VALLEY LOOP

City  
LINCOLNState  
CAZip Code  
95648-8492FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2017

Transaction ID : SA11A.748813

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **HOSSEINI, FOROUGH, , MRS.,**

Mailing Address 2379 BEVILLE RD

City  
DAYTONA BEACHState  
FLZip Code  
32119-8720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ICI HOMESOccupation (for Individual)  
SR. VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2017

Transaction ID : SA11A.747882

Amount of Each Receipt this Period

4000.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

4125.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HOSSEINI, MORI, , ,**

Mailing Address 2379 BEVILLE RD

City

DAYTONA BEACH

State

FL

Zip Code

32119-8720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ICI HOMES

Occupation (for Individual)

CHAIRMAN &amp; CEO

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2017

Transaction ID : SA11A.747881

Amount of Each Receipt this Period

4000.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOSTETTER, DAVID, E, MR.,**

Mailing Address 3309 RIDGEVIEW DR

City

EL DORADO HILLS

State

CA

Zip Code

95762-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017

Transaction ID : SA11A.746778

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HOWARD, LAVONNE, IDALE, MS.,**

Mailing Address 7459 LEESIDE DR

City

BLAINE

State

WA

Zip Code

98230-9614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

201.60

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2017

Transaction ID : SA11A.741528

Amount of Each Receipt this Period

201.60

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

4701.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HUANG, SUE, H., MS.,**

Mailing Address 8533 AVON ST

City  
JAMAICA

State  
NY

Zip Code  
11432-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2017

Transaction ID : SA11A.741356

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUANG, SUE, H., MS.,**

Mailing Address 8533 AVON ST

City  
JAMAICA

State  
NY

Zip Code  
11432-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742264

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HUANG, SUE, H., MS.,**

Mailing Address 8533 AVON ST

City  
JAMAICA

State  
NY

Zip Code  
11432-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

Transaction ID : SA11A.743813

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HUANG, SUE, H., MS.,**

Mailing Address 8533 AVON ST

 City  
 JAMAICA

 State  
 NY

 Zip Code  
 11432-2303

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2017

Transaction ID : SA11A.744626

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUANG, SUE, H., MS.,**

Mailing Address 8533 AVON ST

 City  
 JAMAICA

 State  
 NY

 Zip Code  
 11432-2303

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2017

Transaction ID : SA11A.745485

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HUANG, SUE, H., MS.,**

Mailing Address 8533 AVON ST

 City  
 JAMAICA

 State  
 NY

 Zip Code  
 11432-2303

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2017

Transaction ID : SA11A.747250

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HUANG, SUE, H., MS.,**

Mailing Address 8533 AVON ST

City  
JAMAICA

State  
NY

Zip Code  
11432-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2017

Transaction ID : SA11A.748612

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUANG, SUE, H., MS.,**

Mailing Address 8533 AVON ST

City  
JAMAICA

State  
NY

Zip Code  
11432-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2017

Transaction ID : SA11A.748613

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HUANG, SUE, H., MS.,**

Mailing Address 8533 AVON ST

City  
JAMAICA

State  
NY

Zip Code  
11432-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2017

Transaction ID : SA11A.748614

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HUETHER, MICHAEL, J, DR.,**

Mailing Address 5980 N LA CHOLLA BLVD

City  
TUCSON

State  
AZ

Zip Code  
85741-3535

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
DERMATOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2017

Transaction ID : SA11A.742248

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUFFMAN, JAMES, , DR.,**

Mailing Address 87 WOODS EDGE CIR

City  
LONDON

State  
KY

Zip Code  
40741-8146

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUFFMAN AND HUFFMAN, PSC

Occupation (for Individual)  
OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.743014

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HUMPHREYS, ETHELMAE, C., MS.,**

Mailing Address 2505 E 11TH ST

City  
JOPLIN

State  
MO

Zip Code  
64801-5330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TAMKO BUILDING PRODUCTS, INC

Occupation (for Individual)  
CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 13 / 2017

Transaction ID : SA11A.741444

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6201.60



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HUMPHREYS, MARK, , MR.,**

Mailing Address 5339 ALPHA RD  
STE 300

City  
DALLAS

State  
TX

Zip Code  
75240-7307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HUMPHREYS & PARTNERS ARCHITECTS

Occupation (for Individual)

ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2017

**Transaction ID : SA11A.748870**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUSKEY, STEVEN, , MR.,**

Mailing Address 4986 LONG ISLAND DR NW

City

ATLANTA

State

GA

Zip Code

30327-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 20 / 2017

**Transaction ID : SA11A.747170**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. INGRAHAM, IRVING, E., DR., JR.**

Mailing Address 115 FEDERAL ST

City

SALEM

State

MA

Zip Code

01970-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NORTH SHORE PHYSICIANS GROUP

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2017

**Transaction ID : SA11A.741438**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. INGRAHAM, IRVING, E., DR., JR.**

Mailing Address 115 FEDERAL ST

City  
SALEM

State  
MA

Zip Code  
01970-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTH SHORE PHYSICIANS GROUP

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2017

Transaction ID : SA11A.748880

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIA

State  
GA

Zip Code  
30531-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2017

Transaction ID : SA11A.740808

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIA

State  
GA

Zip Code  
30531-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2017

Transaction ID : SA11A.741247

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 416

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIAState  
GAZip Code  
30531-3834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2017

Transaction ID : SA11A.741601

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIAState  
GAZip Code  
30531-3834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2017

Transaction ID : SA11A.742028

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIAState  
GAZip Code  
30531-3834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : SA11A.742921

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

70.16

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIA

State  
GA

Zip Code  
30531-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.80

Date of Receipt

03 / 10 / 2017

Transaction ID : SA11A.743690

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIA

State  
GA

Zip Code  
30531-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.80

Date of Receipt

03 / 18 / 2017

Transaction ID : SA11A.744497

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIA

State  
GA

Zip Code  
30531-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

295.80

Date of Receipt

03 / 28 / 2017

Transaction ID : SA11A.745109

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIA

State  
GA

Zip Code  
30531-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

**Transaction ID : SA11A.745322**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIA

State  
GA

Zip Code  
30531-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

**Transaction ID : SA11A.746165**

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIA

State  
GA

Zip Code  
30531-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

**Transaction ID : SA11A.746480**

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIA

State  
GA

Zip Code  
30531-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2017

Transaction ID : SA11A.746481

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIA

State  
GA

Zip Code  
30531-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2017

Transaction ID : SA11A.747069

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. IVESTER, HENRY, E., MR., I**

Mailing Address 463 SUNRISE CIR

City  
CORNELIA

State  
GA

Zip Code  
30531-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

295.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2017

Transaction ID : SA11A.747867

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JACKSON, SHANE, , ,**

Mailing Address 2655 NORTHWINDS PKWY

City  
ALPHARETTA

State  
GA

Zip Code  
30009-2280

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JACKSON HEALTHCARE

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2017

Transaction ID : SA11A.747172

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JANES, RALPH, E, , III**

Mailing Address PO BOX 5919

City  
LAGO VISTA

State  
TX

Zip Code  
78645-0029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
R. E. JANES GRAVEL CO.

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

Transaction ID : SA11A.746415

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JENNINGS, PAUL, S., MR.,**

Mailing Address PO BOX 457

City  
KUTTAWA

State  
KY

Zip Code  
42055-0457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

Transaction ID : SA11A.748069

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 144 OF 416

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JESSUP, MICHAEL, LOUIS, MR.,**Mailing Address 631 N STEPHANIE ST  
# 376City  
HENDERSONState  
NVZip Code  
89014-2633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2017

Transaction ID : SA11A.745692

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JESSUP, MICHAEL, LOUIS, MR.,**Mailing Address 631 N STEPHANIE ST  
# 376City  
HENDERSONState  
NVZip Code  
89014-2633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

Transaction ID : SA11A.745702

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JESSUP, MICHAEL, LOUIS, MR.,**Mailing Address 631 N STEPHANIE ST  
# 376City  
HENDERSONState  
NVZip Code  
89014-2633FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2017

Transaction ID : SA11A.746554

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JESSUP, MICHAEL, LOUIS, MR.,**

Mailing Address 631 N STEPHANIE ST  
# 376

City  
HENDERSON

State  
NV

Zip Code  
89014-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2017

Transaction ID : SA11A.747238

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JESSUP, MICHAEL, LOUIS, MR.,**

Mailing Address 631 N STEPHANIE ST  
# 376

City  
HENDERSON

State  
NV

Zip Code  
89014-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2017

Transaction ID : SA11A.747694

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JESSUP, MICHAEL, LOUIS, MR.,**

Mailing Address 631 N STEPHANIE ST  
# 376

City  
HENDERSON

State  
NV

Zip Code  
89014-2633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2017

Transaction ID : SA11A.747927

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JOHNSON, JIM, , MR.,**

Mailing Address PO BOX 1144

City  
TROY

State  
MT

Zip Code  
59935-1144

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHLOR RID

Occupation (for Individual)  
MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2017

**Transaction ID : SA11A.743465**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JOHNSON, TODD, L, MR.,**

Mailing Address 721 RIDGEWOOD RD

City  
DULUTH

State  
MN

Zip Code  
55804-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CAPSTAN CORPORATION

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2017

**Transaction ID : SA11A.746338**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JUNG, JERROLD, MARK, MR.,**

Mailing Address PO BOX 7060

City  
NOVI

State  
MI

Zip Code  
48376-7060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MICHIGAN CAT

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 22 / 2017

**Transaction ID : SA11A.745765**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 416

(check only one)

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KABITZKE, RUTH, , MS.,**

Mailing Address 1197 DENNLER DR

City  
ALLEMAN

State  
IA

Zip Code  
50007-9809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CASEY'S GENERAL STORES

Occupation (for Individual)  
ADMINISTRATIVE SERVICES CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 11 / 2017

Transaction ID : SA11A.741391

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KABITZKE, RUTH, , MS.,**

Mailing Address 1197 DENNLER DR

City  
ALLEMAN

State  
IA

Zip Code  
50007-9809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CASEY'S GENERAL STORES

Occupation (for Individual)  
ADMINISTRATIVE SERVICES CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743897

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KABITZKE, RUTH, , MS.,**

Mailing Address 1197 DENNLER DR

City  
ALLEMAN

State  
IA

Zip Code  
50007-9809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CASEY'S GENERAL STORES

Occupation (for Individual)  
ADMINISTRATIVE SERVICES CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2017

Transaction ID : SA11A.745732

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 148 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KABITZKE, RUTH, , MS.,**

Mailing Address 1197 DENNLER DR

 City  
 ALLEMAN

 State  
 IA

 Zip Code  
 50007-9809

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 CASEY'S GENERAL STORES

 Occupation (for Individual)  
 ADMINISTRATIVE SERVICES CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2017

Transaction ID : SA11A.747113

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KARL, ERIC, , ,**

Mailing Address 18419 HILLTOP DR

 City  
 HELOTES

 State  
 TX

 Zip Code  
 78023-3116

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2017

Transaction ID : SA11A.741896

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KARL, ERIC, , ,**

Mailing Address 18419 HILLTOP DR

 City  
 HELOTES

 State  
 TX

 Zip Code  
 78023-3116

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2017

Transaction ID : SA11A.746211

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KARL, ERIC, , ,**

Mailing Address 18419 HILLTOP DR

City  
HELOTES

State  
TX

Zip Code  
78023-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2017

**Transaction ID : SA11A.747748**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KARL, ERIC, , ,**

Mailing Address 18419 HILLTOP DR

City  
HELOTES

State  
TX

Zip Code  
78023-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2017

**Transaction ID : SA11A.748889**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KASAMEYER, GRETCHEN, , DR.,**

Mailing Address 233 STRATMOOR DR

City  
COLORADO SPRINGS

State  
CO

Zip Code  
80906-4722

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHEYENNE MOUNTAIN ANIMAL HOSPITAL

Occupation (for Individual)  
VETERINARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2017

**Transaction ID : SA11A.744974**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KAZEMINIA, AMIR, , MR.,**

Mailing Address 716 VIA BELLA

City  
WINTER PARK

State  
FL

Zip Code  
32789-2718

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OCI ASSOCIATES INC

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2017

**Transaction ID : SA11A.747896**

Amount of Each Receipt this Period

4000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KENDRICK, RANDY, PARRIS, MRS.,**

Mailing Address 3964 E PARADISE VIEW DR

City  
PARADISE VALLEY

State  
AZ

Zip Code  
85253-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2017

**Transaction ID : SA11A.741573**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KENDRICK, RANDY, PARRIS, MRS.,**

Mailing Address 3964 E PARADISE VIEW DR

City  
PARADISE VALLEY

State  
AZ

Zip Code  
85253-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2017

**Transaction ID : SA11A.742249**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

REFUNDED \$5,000.00 ON 07/28/2017

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

14000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 151 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KINERU, VAMSI, , ,**

Mailing Address 431 PHEASANT RIDGE RD

City  
LAKE ZURICH

State  
IL

Zip Code  
60047-3401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
IT ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

**Transaction ID : SA11A.744025**

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KLEIER, M, , ,**

Mailing Address 8313 STAR POINT CT

City  
PROSPECT

State  
KY

Zip Code  
40059-9461

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2017

**Transaction ID : SA11A.742223**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KLEIER, M, , ,**

Mailing Address 8313 STAR POINT CT

City  
PROSPECT

State  
KY

Zip Code  
40059-9461

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : SA11A.743880**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

351.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KLEIER, M, , ,**

Mailing Address 8313 STAR POINT CT

City  
PROSPECT

State  
KY

Zip Code  
40059-9461

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2017

Transaction ID : SA11A.747742

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KLEIN, DONALD, F., ,**

Mailing Address 4200 WISCONSIN AVE NW  
# 106-200

City  
WASHINGTON

State  
DC

Zip Code  
20016-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : SA11A.744971

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KLEIN, DONALD, F., ,**

Mailing Address 4200 WISCONSIN AVE NW  
# 106-200

City  
WASHINGTON

State  
DC

Zip Code  
20016-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2017

Transaction ID : SA11A.749055

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KOLINSKY, CAROL, , DR.,**

Mailing Address E5261 STATE HIGHWAY M35

City  
ESCANABA

State  
MI

Zip Code  
49829-9669

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2017

**Transaction ID : SA11A.742725**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KOLINSKY, CAROL, , DR.,**

Mailing Address E5261 STATE HIGHWAY M35

City  
ESCANABA

State  
MI

Zip Code  
49829-9669

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

**Transaction ID : SA11A.745744**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KOLINSKY, CAROL, , DR.,**

Mailing Address E5261 STATE HIGHWAY M35

City  
ESCANABA

State  
MI

Zip Code  
49829-9669

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2017

**Transaction ID : SA11A.747706**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KUMAR, SHALLI, , ,**

Mailing Address 4140 UTICA RIDGE RD

City  
BETTENDORF

State  
IA

Zip Code  
52722-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVG ADVANCED TECHNOLOGY

Occupation (for Individual)  
CHAIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2017

**Transaction ID : SA11A.748067**

Amount of Each Receipt this Period

5400.00

☐ Memo Item  
CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LALLY, MATTHEW, , ,**

Mailing Address 664 VERONA PL

City  
WESTON

State  
FL

Zip Code  
33326-3540

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2017

**Transaction ID : SA11A.744999**

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LAMBERT, STEPHEN, P, MR.,**

Mailing Address 3138 SHAWNEE DR

City  
SUGAR LAND

State  
TX

Zip Code  
77479-1648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2017

**Transaction ID : SA11A.743649**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7150.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LARI, A., ALEX, ,

Mailing Address 1316 MADISON AVE

City  
NEW YORKState  
NYZip Code  
10128-1303FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CLAREMONT GROUPOccupation (for Individual)  
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2017

Transaction ID : SA11A.747765

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LATONI, DAVID, , ,

Mailing Address 310 AVE DE DIEGO  
STE 201City  
SAN JUANState  
PRZip Code  
00909-1720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2017

Transaction ID : SA11A.741441

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAUGHLIN, JULIET, , ,

Mailing Address 828 ROYAL ST  
# 152City  
NEW ORLEANSState  
LAZip Code  
70116-3115FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
LANDLORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2017

Transaction ID : SA11A.748027

Amount of Each Receipt this Period

700.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

4700.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LAUGHLIN, JULIET, , ,**

Mailing Address 828 ROYAL ST  
# 152

City  
NEW ORLEANS

State  
LA

Zip Code  
70116-3115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
LANDLORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 11 / 2017

Transaction ID : SA11A.748107

Amount of Each Receipt this Period

800.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEAHY, JIM, , MR.,**

Mailing Address 1749 OSAGE AVE

City  
FAIRFIELD

State  
IA

Zip Code  
52556-8706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2017

Transaction ID : SA11A.744973

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEAHY, ROGER, , MR.,**

Mailing Address 2096 NUTMEG AVE  
2096 NUTMEG AVE

City  
FAIRFIELD

State  
IA

Zip Code  
52556-8562

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OVERLAND SHEEPSKIN CO

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2017

Transaction ID : SA11A.743815

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEAHY, ROGER, , MR.,**

Mailing Address 2096 NUTMEG AVE  
2096 NUTMEG AVE

City  
FAIRFIELD

State  
IA

Zip Code  
52556-8562

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OVERLAND SHEEPSKIN CO

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2017

Transaction ID : SA11A.744951

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEAHY, ROGER, , MR.,**

Mailing Address 2096 NUTMEG AVE  
2096 NUTMEG AVE

City  
FAIRFIELD

State  
IA

Zip Code  
52556-8562

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OVERLAND SHEEPSKIN CO

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

Transaction ID : SA11A.746465

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEAHY, ROGER, , MR.,**

Mailing Address 2096 NUTMEG AVE  
2096 NUTMEG AVE

City  
FAIRFIELD

State  
IA

Zip Code  
52556-8562

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OVERLAND SHEEPSKIN CO

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2017

Transaction ID : SA11A.748547

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEOPOLD, CHARLES, H, MR.,**

Mailing Address 900 N TEXANA ST

City  
HALLETTSVILLE

State  
TX

Zip Code  
77964-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEOPOLD INSURANCE AGENCY LLC

Occupation (for Individual)  
MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2017

Transaction ID : SA11A.744215

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LESTE, JAMES, H., MR.,**

Mailing Address 3437 VIA LOMA VIS

City  
ESCONDIDO

State  
CA

Zip Code  
92029-7724

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742383

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LESTE, JAMES, H., MR.,**

Mailing Address 3437 VIA LOMA VIS

City  
ESCONDIDO

State  
CA

Zip Code  
92029-7724

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2017

Transaction ID : SA11A.748649

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 159 OF 416  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEVY, WILLIAM, M, MR.,**

Mailing Address 105 LA PAIX LN

City  
TOWSONState  
MDZip Code  
21204-7506FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

Transaction ID : SA11A.747746

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LINEBERRY, WALT, C, MR.,**

Mailing Address 13550 NORLAND ST

City  
SAN ANTONIOState  
TXZip Code  
78232-4917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2017

Transaction ID : SA11A.744937

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LINEBERRY, WALT, C, MR.,**

Mailing Address 13550 NORLAND ST

City  
SAN ANTONIOState  
TXZip Code  
78232-4917FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2017

Transaction ID : SA11A.745580

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

400.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 160 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LINEBERRY, WALT, C, MR.,**

Mailing Address 13550 NORLAND ST

City  
SAN ANTONIO

State  
TX

Zip Code  
78232-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

**Transaction ID : SA11A.745985**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LINEBERRY, WALT, C, MR.,**

Mailing Address 13550 NORLAND ST

City  
SAN ANTONIO

State  
TX

Zip Code  
78232-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2017

**Transaction ID : SA11A.746271**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LINEBERRY, WALT, C, MR.,**

Mailing Address 13550 NORLAND ST

City  
SAN ANTONIO

State  
TX

Zip Code  
78232-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2017

**Transaction ID : SA11A.747158**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 416

(check only one)

☒ 11a   ☐ 11b   ☐ 11c   ☐ 12  
☐ 13   ☐ 14   ☐ 15   ☐ 16   ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LINOWES, JONATHAN, S, ,**

Mailing Address 286 PARKER HILL RD

 City  
 LYMAN

 State  
 NH

 Zip Code  
 03585-3506

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 PARKERHILL

 Occupation (for Individual)  
 SOFTWARE ENGINEER

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2017

Transaction ID : SA11A.740789

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LINOWES, JONATHAN, S, ,**

Mailing Address 286 PARKER HILL RD

 City  
 LYMAN

 State  
 NH

 Zip Code  
 03585-3506

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 PARKERHILL

 Occupation (for Individual)  
 SOFTWARE ENGINEER

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2017

Transaction ID : SA11A.743228

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LORANGER, WARREN, LOUIS, MR.,**

 Mailing Address 7333 SCOTLAND WAY  
 UNIT 1318

 City  
 SARASOTA

 State  
 FL

 Zip Code  
 34238-8540

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2017

Transaction ID : SA11A.746572

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LUFT, MICHAEL, , ,**

Mailing Address 306 CABALKA CT

City  
DENISON

State  
IA

Zip Code  
51442-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : SA11A.741605

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LUGOSCH, BONNIE, FOOTE, MS.,**

Mailing Address 4611 MOORLAND CT

City  
SUGAR LAND

State  
TX

Zip Code  
77479-3982

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2017

Transaction ID : SA11A.747893

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LUNA, REBECCA, , MRS.,**

Mailing Address 2804 PINNACLE POINT DR

City  
CRESTVIEW

State  
FL

Zip Code  
32539-5714

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2017

Transaction ID : SA11A.746276

Amount of Each Receipt this Period

275.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

775.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MACNEIL, DAVID, , ,**

Mailing Address 205 E 6TH ST

City  
HINSDALE

State  
IL

Zip Code  
60521-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746707

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MADDEN, DANIEL, HENRY, MR.,**

Mailing Address 15513 E 87TH ST N

City  
OWASSO

State  
OK

Zip Code  
74055-9414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2017

Transaction ID : SA11A.740746

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MADDEN, DANIEL, HENRY, MR.,**

Mailing Address 15513 E 87TH ST N

City  
OWASSO

State  
OK

Zip Code  
74055-9414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

Transaction ID : SA11A.744059

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MADDEN, DANIEL, HENRY, MR.,**

Mailing Address 15513 E 87TH ST N

City  
OWASSO

State  
OK

Zip Code  
74055-9414

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2017

Transaction ID : SA11A.746675

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MADDEN, DAVID, , ,**

Mailing Address PO BOX 856

City  
MINDEN

State  
LA

Zip Code  
71058-0856

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MADDEN CONTRACTING

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

Transaction ID : SA11A.748046

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MAINGOT, RICK, , MR.,**

Mailing Address 1265 S 1000 E

City  
MAPLETON

State  
UT

Zip Code  
84664-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USS PROPERTIES

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

Transaction ID : SA11A.743358

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MAINGOT, RICK, , MR.,**

Mailing Address 1265 S 1000 E

City  
MAPLETON

State  
UT

Zip Code  
84664-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USS PROPERTIES

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : SA11A.743359**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MAINGOT, RICK, , MR.,**

Mailing Address 1265 S 1000 E

City  
MAPLETON

State  
UT

Zip Code  
84664-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USS PROPERTIES

Occupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2017

**Transaction ID : SA11A.748676**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MARSH, GARY, , ,**

Mailing Address 308 N 4TH AVE

City  
LAGRANGE

State  
KY

Zip Code  
40031-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASONIC HOMES OF KENTUCKY

Occupation (for Individual)  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : SA11A.741545**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARSH, GARY, , ,

Mailing Address 308 N 4TH AVE

City  
LAGRANGE

State  
KY

Zip Code  
40031-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASONIC HOMES OF KENTUCKY

Occupation (for Individual)  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745679

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARSH, GARY, , ,

Mailing Address 308 N 4TH AVE

City  
LAGRANGE

State  
KY

Zip Code  
40031-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASONIC HOMES OF KENTUCKY

Occupation (for Individual)  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2017

Transaction ID : SA11A.748384

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARTINO, PAUL, J., MR.,

Mailing Address 5 THEODORE WAY

City  
DOYLESTOWN

State  
PA

Zip Code  
18901-2154

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VENTURE CAPITAL

Occupation (for Individual)  
BULLPEN CAPITAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 10 / 2017

Transaction ID : SA11A.747464

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

5200.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MASSON, DAVID, RICHARD, MR.,**

Mailing Address PO BOX 1269

City  
VERSAILLES

State  
KY

Zip Code  
40383-5269

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GOLDEN AGE FARM, LLC

Occupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : SA11A.744989

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MASSON, SUE ANN, ANN, MRS.,**

Mailing Address PO BOX 1269

City  
VERSAILLES

State  
KY

Zip Code  
40383-5269

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GOLDEN AGE FARM, LLC

Occupation (for Individual)  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : SA11A.745002

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MATHEWS, GILBERT, ALLEN, MR.,**

Mailing Address 600 GREENHAVEN DR  
APT 106

City  
BURNSVILLE

State  
MN

Zip Code  
55306-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 05 / 2017

Transaction ID : SA11A.742789

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

10100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 168 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MATHEWS, GILBERT, ALLEN, MR.,**

Mailing Address 600 GREENHAVEN DR  
APT 106

City  
BURNSVILLE

State  
MN

Zip Code  
55306-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2017

**Transaction ID : SA11A.743335**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MATHEWS, GILBERT, ALLEN, MR.,**

Mailing Address 600 GREENHAVEN DR  
APT 106

City  
BURNSVILLE

State  
MN

Zip Code  
55306-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2017

**Transaction ID : SA11A.745687**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MATHEWS, GILBERT, ALLEN, MR.,**

Mailing Address 600 GREENHAVEN DR  
APT 106

City  
BURNSVILLE

State  
MN

Zip Code  
55306-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2017

**Transaction ID : SA11A.745751**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MATHEWS, GILBERT, ALLEN, MR.,**

Mailing Address 600 GREENHAVEN DR  
APT 106

City  
BURNSVILLE

State  
MN

Zip Code  
55306-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2017

Transaction ID : SA11A.745878

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MATHEWS, GILBERT, ALLEN, MR.,**

Mailing Address 600 GREENHAVEN DR  
APT 106

City  
BURNSVILLE

State  
MN

Zip Code  
55306-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2017

Transaction ID : SA11A.746578

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MATTHEWS, MARY, I., MRS.,**

Mailing Address 4876 PATRICK RD

City  
WINNSBORO

State  
SC

Zip Code  
29180-6491

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : SA11A.745976

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MATTHEWS, MARY, I., MRS.,**

Mailing Address 4876 PATRICK RD

City  
WINNSBORO

State  
SC

Zip Code  
29180-6491

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2017

Transaction ID : SA11A.747167

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MATTHEWS, MARY, I., MRS.,**

Mailing Address 4876 PATRICK RD

City  
WINNSBORO

State  
SC

Zip Code  
29180-6491

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2017

Transaction ID : SA11A.747728

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MATTHEWS, MARY, I., MRS.,**

Mailing Address 4876 PATRICK RD

City  
WINNSBORO

State  
SC

Zip Code  
29180-6491

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2017

Transaction ID : SA11A.747871

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MATTHEWS, MARY, I., MRS.,**

Mailing Address 4876 PATRICK RD

City  
WINNSBORO

State  
SC

Zip Code  
29180-6491

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2017

**Transaction ID : SA11A.748895**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MCBRIDE, HERMAN, L, MR.,**

Mailing Address 14600 STATE ROUTE 65  
P.O. BOX 491

City  
JACKSON CENTER

State  
OH

Zip Code  
45334-9425

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RISING SUN EXPRESS

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2017

**Transaction ID : SA11A.745755**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCKINSTRY, MARY, POLLY, DR.,**

Mailing Address 25252 MUSTANG DR

City  
LAGUNA HILLS

State  
CA

Zip Code  
92653-5748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN - OPHTHALMIC PLASTIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

**Transaction ID : SA11A.743236**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 172 OF 416  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCKINSTRY, MARY, POLLY, DR.,**

Mailing Address 25252 MUSTANG DR

City  
LAGUNA HILLSState  
CAZip Code  
92653-5748FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
PHYSICIAN - OPHTHALMIC PLASTIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2017

Transaction ID : SA11A.745753

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MEADE, RICHARD, E., ,**

Mailing Address 700 BERRY ST

City  
FALLS CHURCHState  
VAZip Code  
22042-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CREDIT UNION NATIONAL ASSOCIATIONOccupation (for Individual)  
CHIEF OF STAFF & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2017

Transaction ID : SA11A.748066

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MERZI, ROBERT, JAMES, MR.,**

Mailing Address PO BOX 1396

City  
KINGSLANDState  
TXZip Code  
78639-1396FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11A.740289

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1260.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **MERZI, ROBERT, JAMES, MR.,**

Mailing Address PO BOX 1396

City  
KINGSLAND

State  
TX

Zip Code  
78639-1396

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2017

Transaction ID : SA11A.741369

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **MERZI, ROBERT, JAMES, MR.,**

Mailing Address PO BOX 1396

City  
KINGSLAND

State  
TX

Zip Code  
78639-1396

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.744008

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **MERZI, ROBERT, JAMES, MR.,**

Mailing Address PO BOX 1396

City  
KINGSLAND

State  
TX

Zip Code  
78639-1396

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745546

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MERZI, ROBERT, JAMES, MR.,

Mailing Address PO BOX 1396

City  
KINGSLAND

State  
TX

Zip Code  
78639-1396

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746299

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERZI, ROBERT, JAMES, MR.,

Mailing Address PO BOX 1396

City  
KINGSLAND

State  
TX

Zip Code  
78639-1396

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 20 / 2017

Transaction ID : SA11A.747036

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MERZI, ROBERT, JAMES, MR.,

Mailing Address PO BOX 1396

City  
KINGSLAND

State  
TX

Zip Code  
78639-1396

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2017

Transaction ID : SA11A.748007

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. METCALF, ALISA, , ,**

Mailing Address 6774 GREEN RIVER DR

UNIT A

City

HIGHLANDS RANCH

State

CO

Zip Code

80130-3028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DAVITA KIDNEY CARE

Occupation (for Individual)

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2017

Transaction ID : SA11A.746277

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MEYER, CHARLES, R., PROF.,**

Mailing Address 2111 MAPLE CREEK CIR

City

ANN ARBOR

State

MI

Zip Code

48108-9601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UNIV OF MICHIGAN

Occupation (for Individual)

PROF

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2017

Transaction ID : SA11A.742132

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MEYER, CHARLES, R., PROF.,**

Mailing Address 2111 MAPLE CREEK CIR

City

ANN ARBOR

State

MI

Zip Code

48108-9601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UNIV OF MICHIGAN

Occupation (for Individual)

PROF

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2017

Transaction ID : SA11A.743579

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

1350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MEYER, CHARLES, R., PROF.,**

Mailing Address 2111 MAPLE CREEK CIR

City  
ANN ARBOR

State  
MI

Zip Code  
48108-9601

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIV OF MICHIGAN

Occupation (for Individual)  
PROF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2017

Transaction ID : SA11A.748642

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MILLER, LLOYD, I, , III**

Mailing Address 1930 S OCEAN BLVD

City  
PALM BEACH

State  
FL

Zip Code  
33480-5100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LIM ADVISORY

Occupation (for Individual)  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
03 / 17 / 2017

Transaction ID : SA11A.744979

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MINNIS, RANDALL, L, MR.,**

Mailing Address 718 LAKEPOINT LOOP

City  
POTTSBORO

State  
TX

Zip Code  
75076-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
01 / 25 / 2017

Transaction ID : SA11A.740349

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2700.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MINNIS, RANDALL, L, MR.,**

Mailing Address 718 LAKEPOINT LOOP

City  
POTTSBORO

State  
TX

Zip Code  
75076-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

Transaction ID : SA11A.743900

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MINNIS, RANDALL, L, MR.,**

Mailing Address 718 LAKEPOINT LOOP

City  
POTTSBORO

State  
TX

Zip Code  
75076-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2017

Transaction ID : SA11A.746334

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MINNIS, RANDALL, L, MR.,**

Mailing Address 718 LAKEPOINT LOOP

City  
POTTSBORO

State  
TX

Zip Code  
75076-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2017

Transaction ID : SA11A.747734

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MOAVENI, KHOSROW, , ,**

Mailing Address 4099 TAMIAMI TRL N  
STE 200

City  
NAPLES

State  
FL

Zip Code  
34103-3548

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

FMDC

Occupation (for Individual)

BUSINESS - CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2017

Transaction ID : SA11A.747758

Amount of Each Receipt this Period

3000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOJDEHI, ALI, M, ,**

Mailing Address 5725 CAMINITO PULSERA

City

LA JOLLA

State

CA

Zip Code

92037-7160

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2017

Transaction ID : SA11A.749134

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOORE, CHRISTIE, , ,**

Mailing Address 2840 N 200 W

City

NORTH OGDEN

State

UT

Zip Code

84414-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HOMEMAKER

Occupation (for Individual)

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2017

Transaction ID : SA11A.740826

Amount of Each Receipt this Period

349.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4349.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MOORE, HARRISON, , ,**

Mailing Address 3605 GEORGETOWN RD

City  
INDIANAPOLIS

State  
IN

Zip Code  
46224-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GEORGETOWN HEALTH

Occupation (for Individual)  
GROCERY CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1545.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2017

**Transaction ID : SA11A.741801**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOORE, HARRISON, , ,**

Mailing Address 3605 GEORGETOWN RD

City  
INDIANAPOLIS

State  
IN

Zip Code  
46224-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GEORGETOWN HEALTH

Occupation (for Individual)  
GROCERY CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1545.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

**Transaction ID : SA11A.745154**

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOORE, HARRISON, , ,**

Mailing Address 3605 GEORGETOWN RD

City  
INDIANAPOLIS

State  
IN

Zip Code  
46224-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GEORGETOWN HEALTH

Occupation (for Individual)  
GROCERY CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1545.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

**Transaction ID : SA11A.745928**

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1545.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MORRONI, RICHARD, J., MR.,**

Mailing Address 105 KRAMERIA ST

City  
DENVER

State  
CO

Zip Code  
80220-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ELECTRIC EQUIPMENT

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2017

Transaction ID : SA11A.741072

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOSING, GREG, S, MR.,**

Mailing Address 308 SAWGRASS LN

City  
BROUSSARD

State  
LA

Zip Code  
70518-6149

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 31 / 2017

Transaction ID : SA11A.747843

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOSTELLER, RICHARD, G., MR.,**

Mailing Address 49470 PINE RIDGE CT

City  
PLYMOUTH

State  
MI

Zip Code  
48170-6306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 24 / 2017

Transaction ID : SA11A.740258

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MOYER, MARK, , MR.,**

Mailing Address 17387 PALMER RD

City  
MOORES HILL

State  
IN

Zip Code  
47032-9337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SECURITY DOORS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 08 / 2017

Transaction ID : SA11A.740224

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOYER, MARK, , MR.,**

Mailing Address 17387 PALMER RD

City  
MOORES HILL

State  
IN

Zip Code  
47032-9337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SECURITY DOORS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : SA11A.741738

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOYER, MARK, , MR.,**

Mailing Address 17387 PALMER RD

City  
MOORES HILL

State  
IN

Zip Code  
47032-9337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SECURITY DOORS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 04 / 2017

Transaction ID : SA11A.742759

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

175.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 182 OF 416  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MOYER, MARK, , MR.,**

Mailing Address 17387 PALMER RD

City  
MOORES HILLState  
INZip Code  
47032-9337FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
SECURITY DOORS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
05	18	2017

Transaction ID : SA11A.747598

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MOYER, MARK, , MR.,**

Mailing Address 17387 PALMER RD

City  
MOORES HILLState  
INZip Code  
47032-9337FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
SECURITY DOORS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
06	28	2017

Transaction ID : SA11A.748425

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MUCCIARONE, XENOPHON, M, DR.,**Mailing Address 387 GLENBROOKE  
APT 10110City  
WATERFORDState  
MIZip Code  
48327-2173FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MCLAREN HEALTHCAREOccupation (for Individual)  
RESIDENT PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
06	04	2017

Transaction ID : SA11A.748025

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MUEHLE, CHARLYNN, , ,**

Mailing Address 282 ETHELTON LN

City  
SPRINGFIELD

State  
IL

Zip Code  
62712-9105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2017

**Transaction ID : SA11A.749028**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MURPHY, AARON, M., MR.,**

Mailing Address 2710 TRUMPETVINE RD

City  
LOUISVILLE

State  
KY

Zip Code  
40220-5602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MURPHY & ASSOCIATES PLC

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2017

**Transaction ID : SA11A.748385**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NADERI, FIROUZ, MICHAEL, DR.,**

Mailing Address 15425 ANTIOCH ST  
UNIT 103

City  
PACIFIC PALISADES

State  
CA

Zip Code  
90272-4372

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2017

**Transaction ID : SA11A.747749**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NAJAFI, DIONNE, , MRS.,**

Mailing Address 3200 E CAMELBACK RD  
STE 295

City  
PHOENIX

State  
AZ

Zip Code  
85018-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2017

Transaction ID : SA11A.742251

Amount of Each Receipt this Period

2229.15

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NAJAFI, DIONNE, , MRS.,**

Mailing Address 3200 E CAMELBACK RD  
STE 295

City  
PHOENIX

State  
AZ

Zip Code  
85018-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2017

Transaction ID : SA11A.743248

Amount of Each Receipt this Period

2770.85

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NAJAFI, F., FRANCIS, ,**

Mailing Address 3200 E CAMELBACK RD  
STE 295

City  
PHOENIX

State  
AZ

Zip Code  
85018-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PIVOTAL GROUP

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2017

Transaction ID : SA11A.741919

Amount of Each Receipt this Period

2770.85

☐ Memo Item  
CONTRIBUTION

FOOD/BEVERAGE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7770.85



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 185 OF 416

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NAJAFI, F., FRANCIS, ,**

Mailing Address 3200 E CAMELBACK RD  
STE 295

City  
PHOENIX

State  
AZ

Zip Code  
85018-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PIVOTAL GROUP

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2017

**Transaction ID : SA11A.743249**

Amount of Each Receipt this Period

2229.15

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NEAL, ANDREW, , MR.,**

Mailing Address 6912 FOX CHASE RD

City

NEW MARKET

State

MD

Zip Code

21774-6912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VIAVI SOLUTIONS

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2017

**Transaction ID : SA11A.745743**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NESTLERODE, MARY, CONLY, MS.,**

Mailing Address 26191 ROYMOR DR

City

CALABASAS

State

CA

Zip Code

91302-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 25 / 2017

**Transaction ID : SA11A.740327**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2579.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NESTLERODE, MARY, CONLY, MS.,**

Mailing Address 26191 ROYMOR DR

City  
CALABASAS

State  
CA

Zip Code  
91302-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : SA11A.741635

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NESTLERODE, MARY, CONLY, MS.,**

Mailing Address 26191 ROYMOR DR

City  
CALABASAS

State  
CA

Zip Code  
91302-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2017

Transaction ID : SA11A.745896

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NESTLERODE, MARY, CONLY, MS.,**

Mailing Address 26191 ROYMOR DR

City  
CALABASAS

State  
CA

Zip Code  
91302-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2017

Transaction ID : SA11A.745898

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NESTLERODE, MARY, CONLY, MS.,**

Mailing Address 26191 ROYMOR DR

City  
CALABASAS

State  
CA

Zip Code  
91302-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746527

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NESTLERODE, MARY, CONLY, MS.,**

Mailing Address 26191 ROYMOR DR

City  
CALABASAS

State  
CA

Zip Code  
91302-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746528

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NESTLERODE, MARY, CONLY, MS.,**

Mailing Address 26191 ROYMOR DR

City  
CALABASAS

State  
CA

Zip Code  
91302-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2017

Transaction ID : SA11A.746978

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NESTLERODE, MARY, CONLY, MS.,**

Mailing Address 26191 ROYMOR DR

City  
CALABASAS

State  
CA

Zip Code  
91302-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2017

Transaction ID : SA11A.747628

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NESTLERODE, MARY, CONLY, MS.,**

Mailing Address 26191 ROYMOR DR

City  
CALABASAS

State  
CA

Zip Code  
91302-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2017

Transaction ID : SA11A.747999

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NIKOLC, VELIKO, , MR.,**

Mailing Address 1460 TOWNSEND RD

City  
ADDISON TWP

State  
MI

Zip Code  
48367-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NIKOLIC IND. INC.

Occupation (for Individual)  
MNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2017

Transaction ID : SA11A.747165

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NIMMER, SANDRA, L., MRS.,**

Mailing Address 6717 NE 181ST ST  
# 201

City  
KENMORE

State  
WA

Zip Code  
98028-4837

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742277

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NIMMER, SANDRA, L., MRS.,**

Mailing Address 6717 NE 181ST ST  
# 201

City  
KENMORE

State  
WA

Zip Code  
98028-4837

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2017

Transaction ID : SA11A.745741

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NIMMER, SANDRA, L., MRS.,**

Mailing Address 6717 NE 181ST ST  
# 201

City  
KENMORE

State  
WA

Zip Code  
98028-4837

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

501.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : SA11A.745929

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

351.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 190 OF 416

(check only one)

☒ 11a   ☐ 11b   ☐ 11c   ☐ 12  
☐ 13   ☐ 14   ☐ 15   ☐ 16   ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NIMMER, SANDRA, L., MRS.,**

 Mailing Address 6717 NE 181ST ST  
 # 201

 City  
 KENMORE

 State  
 WA

 Zip Code  
 98028-4837

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 PROPERTY MANAGEMENT

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.747802

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NIMMER, SANDRA, L., MRS.,**

 Mailing Address 6717 NE 181ST ST  
 # 201

 City  
 KENMORE

 State  
 WA

 Zip Code  
 98028-4837

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 PROPERTY MANAGEMENT

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.748174

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NORBERG, CHARLES, D.,**

Mailing Address PO BOX 361328

 City  
 BIRMINGHAM

 State  
 AL

 Zip Code  
 35236-1328

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 C. D. NORBERG & ASSOCIATES, INC.

 Occupation (for Individual)  
 FINANCE & INSURANCE

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.747810

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NORBERG, DEBORAH, M, ,**

Mailing Address PO BOX 361328

City  
BIRMINGHAM

State  
AL

Zip Code  
35236-1328

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
C.D. NORBERG & ASSOCIATES, INC.

Occupation (for Individual)  
FINANCE & INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2017

Transaction ID : SA11A.747811

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NOSRATI, OSCAR, , ,**

Mailing Address 7 GREENBAY CIR

City  
HOUSTON

State  
TX

Zip Code  
77024-6752

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMERICO ENERGY

Occupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2605.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2017

Transaction ID : SA11A.740254

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NOSRATI, OSCAR, , ,**

Mailing Address 7 GREENBAY CIR

City  
HOUSTON

State  
TX

Zip Code  
77024-6752

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMERICO ENERGY

Occupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2605.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2017

Transaction ID : SA11A.740255

Amount of Each Receipt this Period

750.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NOSRATI, OSCAR, , ,**

Mailing Address 7 GREENBAY CIR

City  
HOUSTON

State  
TX

Zip Code  
77024-6752

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMERICO ENERGY

Occupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2605.74

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 01 / 2017

Transaction ID : SA11A.740693

Amount of Each Receipt this Period

855.74

☐ Memo Item  
CONTRIBUTION

FOOD/BEVERAGE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NOSTE, JAMES, J., ,**

Mailing Address 2456C US HIGHWAY 22 W  
FL 2

City  
UNION

State  
NJ

Zip Code  
07083-8514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ISLAND HOME CENTER, INCORPORATED

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.71

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2017

Transaction ID : SA11A.743617

Amount of Each Receipt this Period

221.71

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NOSTE, JAMES, J., ,**

Mailing Address 2456C US HIGHWAY 22 W  
FL 2

City  
UNION

State  
NJ

Zip Code  
07083-8514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ISLAND HOME CENTER, INCORPORATED

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

975.71

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2017

Transaction ID : SA11A.747214

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1577.45



<b>X</b>	11a		11b		11c		12		
	13		14		15		16		17

## REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

FEC Schedule A (Form 3X) Rev. 06/2016

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OFTEDAL, EGIL, , MR.,**

Mailing Address 1476 BIRCH AVE

City  
ESCONDIDOState  
CAZip Code  
92027-4404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.48

Date of Receipt

M M	D D	Y Y Y Y
02	17	2017

Transaction ID : SA11A.741615

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OFTEDAL, EGIL, , MR.,**

Mailing Address 1476 BIRCH AVE

City  
ESCONDIDOState  
CAZip Code  
92027-4404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.48

Date of Receipt

M M	D D	Y Y Y Y
02	27	2017

Transaction ID : SA11A.742036

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OFTEDAL, EGIL, , MR.,**

Mailing Address 1476 BIRCH AVE

City  
ESCONDIDOState  
CAZip Code  
92027-4404FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.48

Date of Receipt

M M	D D	Y Y Y Y
02	23	2017

Transaction ID : SA11A.742037

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

65.32

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OFTEDAL, EGIL, , MR.,**

Mailing Address 1476 BIRCH AVE

City  
ESCONDIDO

State  
CA

Zip Code  
92027-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

**Transaction ID : SA11A.742409**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OFTEDAL, EGIL, , MR.,**

Mailing Address 1476 BIRCH AVE

City  
ESCONDIDO

State  
CA

Zip Code  
92027-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

**Transaction ID : SA11A.742976**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OFTEDAL, EGIL, , MR.,**

Mailing Address 1476 BIRCH AVE

City  
ESCONDIDO

State  
CA

Zip Code  
92027-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : SA11A.743727**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OFTEDAL, EGIL, , MR.,**

Mailing Address 1476 BIRCH AVE

City  
ESCONDIDO

State  
CA

Zip Code  
92027-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2017

**Transaction ID : SA11A.744899**

Amount of Each Receipt this Period

55.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OFTEDAL, EGIL, , MR.,**

Mailing Address 1476 BIRCH AVE

City  
ESCONDIDO

State  
CA

Zip Code  
92027-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

**Transaction ID : SA11A.744900**

Amount of Each Receipt this Period

60.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OFTEDAL, EGIL, , MR.,**

Mailing Address 1476 BIRCH AVE

City  
ESCONDIDO

State  
CA

Zip Code  
92027-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

**Transaction ID : SA11A.745535**

Amount of Each Receipt this Period

33.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

148.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 197 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OFTEDAL, EGIL, , MR.,**

Mailing Address 1476 BIRCH AVE

 City  
 ESCONDIDO

 State  
 CA

 Zip Code  
 92027-4404

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.746215

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OFTEDAL, EGIL, , MR.,**

Mailing Address 1476 BIRCH AVE

 City  
 ESCONDIDO

 State  
 CA

 Zip Code  
 92027-4404

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.746290

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. OKUNO, DALE, A, ,**

Mailing Address 265 S OAKLAND AVE

 City  
 PASADENA

 State  
 CA

 Zip Code  
 91101-2822

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 OKUNO ASSOCIATES, INC.

 Occupation (for Individual)  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.740914

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **OSWALD, STEVEN, , MR.,**

Mailing Address 16652 IVY LAKE DR  
APT 1908

City  
ODESSA

State  
FL

Zip Code  
33556-6018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LNR PROPERTY

Occupation (for Individual)  
ACCOUNTANT / CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2017

Transaction ID : SA11A.741040

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **OSWALD, STEVEN, , MR.,**

Mailing Address 16652 IVY LAKE DR  
APT 1908

City  
ODESSA

State  
FL

Zip Code  
33556-6018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LNR PROPERTY

Occupation (for Individual)  
ACCOUNTANT / CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2017

Transaction ID : SA11A.741436

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **OSWALD, STEVEN, , MR.,**

Mailing Address 16652 IVY LAKE DR  
APT 1908

City  
ODESSA

State  
FL

Zip Code  
33556-6018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LNR PROPERTY

Occupation (for Individual)  
ACCOUNTANT / CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2017

Transaction ID : SA11A.742804

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

400.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. OSWALD, STEVEN, , MR.,**

Mailing Address 16652 IVY LAKE DR  
APT 1908

City  
ODESSA

State  
FL

Zip Code  
33556-6018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LNR PROPERTY

Occupation (for Individual)  
ACCOUNTANT / CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2017

Transaction ID : SA11A.746683

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PALMER, CARL, , MR.,**

Mailing Address PO BOX 13216

City  
RTP

State  
NC

Zip Code  
27709-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TDX ASSOCIATES

Occupation (for Individual)  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

Transaction ID : SA11A.746936

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PARVARANDEH, PIROOZ, , ,**

Mailing Address PO BOX 520

City  
LOS ALTOS

State  
CA

Zip Code  
94023-0520

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ROCHE

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2017

Transaction ID : SA11A.747957

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **PATIN, HAROLD, C., ,**

Mailing Address 4625 TABONY ST

City  
METAIRIE

State  
LA

Zip Code  
70006-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GLOBAL DRUG CONSULTANTS

Occupation (for Individual)  
PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

Transaction ID : SA11A.748039

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **PECK, JOHN, , MR., JR.**

Mailing Address PO BOX 829

City

RANCHO SANTA FE

State

CA

Zip Code

92067-0829

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : SA11A.741475

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **PEZESHKAN, FRED, , ,**

Mailing Address 1500 5TH AVE S  
UNIT 111

City

NAPLES

State

FL

Zip Code

34102-3492

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SUMMIT MANAGEMENT GROUP

Occupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2017

Transaction ID : SA11A.747857

Amount of Each Receipt this Period

4000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PHILLIPS, FRED, L., ,**

Mailing Address 330 MARSHALL ST  
STE 300

City  
SHREVEPORT

State  
LA

Zip Code  
71101-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PHILLIPS ENERGY INC.

Occupation (for Individual)  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 14 / 2017

**Transaction ID : SA11A.748042**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PIERCE, GRACE, , ,**

Mailing Address 330 DECLARATION AVE

City  
EHRATA

State  
PA

Zip Code  
17522-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2017

**Transaction ID : SA11A.743614**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PIERCE, JOHN, , ,**

Mailing Address 1901 S PANORAMA DR

City  
CEDAR CITY

State  
UT

Zip Code  
84720-6227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2017

**Transaction ID : SA11A.744972**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PLATT, KENNETH, , MR.,**

Mailing Address 3620 WOODLAND ST

City  
AMES

State  
IA

Zip Code  
50014-3441

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IOWA STATE UNIVERSITY

Occupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : SA11A.741558**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PLATT, KENNETH, , MR.,**

Mailing Address 3620 WOODLAND ST

City  
AMES

State  
IA

Zip Code  
50014-3441

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IOWA STATE UNIVERSITY

Occupation (for Individual)  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : SA11A.741803**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. POPE, CLAYTON, , ,**

Mailing Address 703 FAIRWAY DR

City  
CHAMPAIGN

State  
IL

Zip Code  
61820-6323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
AGRICULTURAL RISK MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2017

**Transaction ID : SA11A.744963**

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

751.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PORTER, DAVID, V, MR.,**

Mailing Address 11231 US HIGHWAY 1  
STE 317

City  
NORTH PALM BEACH

State  
FL

Zip Code  
33408-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
E MINUS LLC

Occupation (for Individual)  
ECONOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : SA11A.743403

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2017

Transaction ID : SA11A.742111

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2017

Transaction ID : SA11A.742112

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1040.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

**Transaction ID : SA11A.742408**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

**Transaction ID : SA11A.742915**

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : SA11A.743343**

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

50.32

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2017

Transaction ID : SA11A.743344

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743345

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2017

Transaction ID : SA11A.744493

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2017

Transaction ID : SA11A.745880

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : SA11A.745930

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2017

Transaction ID : SA11A.747019

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2017

Transaction ID : SA11A.747090

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2017

Transaction ID : SA11A.747198

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 07 / 2017

Transaction ID : SA11A.748398

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2017

Transaction ID : SA11A.748399

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PORTIER, ELAINE, K., MS.,**

Mailing Address 15770 SW TOWHEE LN

City  
BEAVERTON

State  
OR

Zip Code  
97007-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2017

Transaction ID : SA11A.748400

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. POSMA, BONNE, W., ,**

Mailing Address 12946 KEDLESTON CIR

City  
FORT MYERS

State  
FL

Zip Code  
33912-6605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SAMINCO INC.

Occupation (for Individual)  
DIRECTOR OF COMPANIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2017

Transaction ID : SA11A.748220

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2550.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PSENCIK, ELIZABETH, ANN, MRS.,**

Mailing Address 138 S PARK DR

City  
MONTGOMERY

State  
TX

Zip Code  
77356-9036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

**Transaction ID : SA11A.742290**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PSENCIK, ELIZABETH, ANN, MRS.,**

Mailing Address 138 S PARK DR

City  
MONTGOMERY

State  
TX

Zip Code  
77356-9036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2017

**Transaction ID : SA11A.743645**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PSENCIK, ELIZABETH, ANN, MRS.,**

Mailing Address 138 S PARK DR

City  
MONTGOMERY

State  
TX

Zip Code  
77356-9036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2017

**Transaction ID : SA11A.745509**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PSENCIK, ELIZABETH, ANN, MRS.,**

Mailing Address 138 S PARK DR

City  
MONTGOMERY

State  
TX

Zip Code  
77356-9036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2017

Transaction ID : SA11A.746569

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PSENCIK, ELIZABETH, ANN, MRS.,**

Mailing Address 138 S PARK DR

City  
MONTGOMERY

State  
TX

Zip Code  
77356-9036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746570

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PSENCIK, ELIZABETH, ANN, MRS.,**

Mailing Address 138 S PARK DR

City  
MONTGOMERY

State  
TX

Zip Code  
77356-9036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2017

Transaction ID : SA11A.746943

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PSENCIK, ELIZABETH, ANN, MRS.,**

Mailing Address 138 S PARK DR

City  
MONTGOMERY

State  
TX

Zip Code  
77356-9036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2017

Transaction ID : SA11A.747852

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PSENCIK, ELIZABETH, ANN, MRS.,**

Mailing Address 138 S PARK DR

City  
MONTGOMERY

State  
TX

Zip Code  
77356-9036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2017

Transaction ID : SA11A.748839

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PSENCIK, ELIZABETH, ANN, MRS.,**

Mailing Address 138 S PARK DR

City  
MONTGOMERY

State  
TX

Zip Code  
77356-9036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2017

Transaction ID : SA11A.748840

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PULLEN, FRED, , DR.,**

Mailing Address 13100 DOUBLETREE CIR

City  
WELLINGTON

State  
FL

Zip Code  
33414-4037

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

Transaction ID : SA11A.743551

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PULLEN, FRED, , DR.,**

Mailing Address 13100 DOUBLETREE CIR

City  
WELLINGTON

State  
FL

Zip Code  
33414-4037

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

Transaction ID : SA11A.746137

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. QUINN, JOHN, H, MR., JR.**

Mailing Address 1001 10TH AVE S  
UNIT 213

City  
NAPLES

State  
FL

Zip Code  
34102-8226

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

Transaction ID : SA11A.744977

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RABORN, ROBERT, E., MR., JR.**

Mailing Address 1088 MENTZWOOD TRL

City  
ALLEYTON

State  
TX

Zip Code  
78935-5030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : SA11A.745749

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RABORN, ROBERT, E., MR., JR.**

Mailing Address 1088 MENTZWOOD TRL

City  
ALLEYTON

State  
TX

Zip Code  
78935-5030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2017

Transaction ID : SA11A.748881

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RAGLAND, TRACY, , DR.,**

Mailing Address 1506 MAHOGANY RUN DR

City  
LA GRANGE

State  
KY

Zip Code  
40031-8936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2017

Transaction ID : SA11A.743252

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAYNER, SOPHIA, , ,

Mailing Address 2324 CASERTA CT

City  
 HENDERSON

State  
 NV

Zip Code  
 89074-5316

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 SELF-EMPLOYED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2017

Transaction ID : SA11A.740223

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAYNER, SOPHIA, , ,

Mailing Address 2324 CASERTA CT

City  
 HENDERSON

State  
 NV

Zip Code  
 89074-5316

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 SELF-EMPLOYED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2017

Transaction ID : SA11A.741039

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAYNER, SOPHIA, , ,

Mailing Address 2324 CASERTA CT

City  
 HENDERSON

State  
 NV

Zip Code  
 89074-5316

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 SELF-EMPLOYED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2017

Transaction ID : SA11A.742025

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAYNER, SOPHIA, , ,

Mailing Address 2324 CASERTA CT

City  
 HENDERSON

State  
 NV

Zip Code  
 89074-5316

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 SELF-EMPLOYED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2017

Transaction ID : SA11A.747752

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAYNER, SOPHIA, , ,

Mailing Address 2324 CASERTA CT

City  
 HENDERSON

State  
 NV

Zip Code  
 89074-5316

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 SELF-EMPLOYED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2017

Transaction ID : SA11A.748012

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAYNER, SOPHIA, , ,

Mailing Address 2324 CASERTA CT

City  
 HENDERSON

State  
 NV

Zip Code  
 89074-5316

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 SELF-EMPLOYED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2017

Transaction ID : SA11A.748566

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

600.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAYNER, SOPHIA, , ,

Mailing Address 2324 CASERTA CT

City  
 HENDERSON

State  
 NV

Zip Code  
 89074-5316

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 SELF-EMPLOYED

Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2017

Transaction ID : SA11A.748567

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. READY, JEFF, , MR.,

Mailing Address 2828 COVENTRY LN

City  
 GREENWOOD

State  
 IN

Zip Code  
 46143-7184

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 CENTERPOINT BREWING COMPANY

Occupation (for Individual)  
 FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2017

Transaction ID : SA11A.742150

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REED, LAWRENCE, W., MR.,

Mailing Address 185 PENINSULA CIR

City  
 NEWNAN

State  
 GA

Zip Code  
 30263-7053

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 FOUNDATION FOR ECONOMIC EDUCATION

Occupation (for Individual)  
 ECONOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2017

Transaction ID : SA11A.746508

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶



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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

## REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

FEC Schedule A (Form 3X) Rev. 06/2016

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RICH, STEVAN, , ,

Mailing Address 45354 DRIFTWOOD DR

City

PALM DESERT

State

CA

Zip Code

92260-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2017

Transaction ID : SA11A.747747

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RICH, STEVAN, , ,

Mailing Address 432 PALOS VERDES BLVD

City

REDONDO BEACH

State

CA

Zip Code

90277-6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

Transaction ID : SA11A.748857

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICHARDS, ALAN, B., DR.,

Mailing Address 112 WATERS EDGE DR

City

SHREVEPORT

State

LA

Zip Code

71106-7774

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RICHARDS HINNICHESSEN EYE DOCS FOR KIDS

Occupation (for Individual)

OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

Transaction ID : SA11A.748041

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RITCHIE, WILLIAM, L, MR., JR.**

Mailing Address 5302 BROOKWAY DR

City  
BETHESDA

State  
MD

Zip Code  
20816-1308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 04 / 2017

Transaction ID : SA11A.742721

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ROBINSON WHITE, CHAKILLA, , ,**

Mailing Address 28214 GREEN FOREST BLUFF TRL

City  
KATY

State  
TX

Zip Code  
77494-1471

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAVITA

Occupation (for Individual)  
GROUP VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 06 / 2017

Transaction ID : SA11A.746753

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RODGERS, JOHN, M., MR.,**

Mailing Address 5440 WASHINGTON ST

City  
NAPA

State  
CA

Zip Code  
94558-9763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2017

Transaction ID : SA11A.741602

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RODGERS, JOHN, M., MR.,**

Mailing Address 5440 WASHINGTON ST

City  
NAPA

State  
CA

Zip Code  
94558-9763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

**Transaction ID : SA11A.743070**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RODGERS, JOHN, M., MR.,**

Mailing Address 5440 WASHINGTON ST

City  
NAPA

State  
CA

Zip Code  
94558-9763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : SA11A.743381**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RODGERS, JOHN, M., MR.,**

Mailing Address 5440 WASHINGTON ST

City  
NAPA

State  
CA

Zip Code  
94558-9763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

**Transaction ID : SA11A.744948**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RODGERS, JOHN, M., MR.,**

Mailing Address 5440 WASHINGTON ST

City  
NAPA

State  
CA

Zip Code  
94558-9763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2017

**Transaction ID : SA11A.745754**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RODGERS, JOHN, M., MR.,**

Mailing Address 5440 WASHINGTON ST

City  
NAPA

State  
CA

Zip Code  
94558-9763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

**Transaction ID : SA11A.746178**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RODGERS, JOHN, M., MR.,**

Mailing Address 5440 WASHINGTON ST

City  
NAPA

State  
CA

Zip Code  
94558-9763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2017

**Transaction ID : SA11A.747156**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RODGERS, JOHN, M., MR.,**

Mailing Address 5440 WASHINGTON ST

City  
NAPA

State  
CA

Zip Code  
94558-9763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2017

Transaction ID : SA11A.747787

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RODGERS, JOHN, M., MR.,**

Mailing Address 5440 WASHINGTON ST

City  
NAPA

State  
CA

Zip Code  
94558-9763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2017

Transaction ID : SA11A.748582

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RODGERS, JOHN, M., MR.,**

Mailing Address 5440 WASHINGTON ST

City  
NAPA

State  
CA

Zip Code  
94558-9763

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2017

Transaction ID : SA11A.748583

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RODRIGUEZ, JAVIER, , ,**

Mailing Address 4550 S LAFAYETTE ST

City  
ENGLEWOOD

State  
CO

Zip Code  
80113-5946

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAVITA INC

Occupation (for Individual)  
CEO, KIDNEY CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2017

Transaction ID : SA11A.746297

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ROLLINS, RAY, EDDINGTON, DR.,**

Mailing Address 103 SUNBIRD LN

City  
SUNNYVALE

State  
TX

Zip Code  
75182-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.60

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 24 / 2017

Transaction ID : SA11A.740270

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ROLLINS, RAY, EDDINGTON, DR.,**

Mailing Address 103 SUNBIRD LN

City  
SUNNYVALE

State  
TX

Zip Code  
75182-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

301.60

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2017

Transaction ID : SA11A.741435

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1301.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROSDEUTSCHER, WANDA, H., MRS.,**

Mailing Address 803 SYCAMORE CT

City

BOWLING GREEN

State

KY

Zip Code

42104-3825

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2017

Transaction ID : SA11A.741960

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ROSDEUTSCHER, WANDA, H., MRS.,**

Mailing Address 803 SYCAMORE CT

City

BOWLING GREEN

State

KY

Zip Code

42104-3825

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

Transaction ID : SA11A.744959

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RUMNEY, TOM, , ,**

Mailing Address 8022 ENSEMBLE DR

City

HOUSTON

State

TX

Zip Code

77040-2476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

T & C CONSTRUCTION

Occupation (for Individual)

ESTIMATOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

Transaction ID : SA11A.746903

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

801.60

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SALAK, JOHN, D., MR.,**

Mailing Address 3316 HARBOUR PL

City  
PANAMA CITY

State  
FL

Zip Code  
32405-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRIMARY ENGINEERING, INC.

Occupation (for Individual)  
CHIEF TECHNICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2017

**Transaction ID : SA11A.747469**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SAMS, LAURA, , ,**

Mailing Address 177 WHITE OAK RDG

City  
COUSHATTA

State  
LA

Zip Code  
71019-5148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NATEHITOCES PARRISH SCHOOL BOARD

Occupation (for Individual)  
SPEECH-LANGUAGE PATHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

**Transaction ID : SA11A.748033**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SANDERS, DAVID, , MR.,**

Mailing Address 7117 MARLAN DR

City  
ALEXANDRIA

State  
VA

Zip Code  
22307-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAVITA

Occupation (for Individual)  
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2017

**Transaction ID : SA11A.745885**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCARBOROUGH, TERRY, , DR.,**

Mailing Address 5031 JACKWOOD ST

City  
HOUSTON

State  
TX

Zip Code  
77096-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TX LAPAROSCOPIC CONSULTANTS

Occupation (for Individual)  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 25 / 2017

**Transaction ID : SA11A.740357**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCARBOROUGH, TERRY, , DR.,**

Mailing Address 5031 JACKWOOD ST

City  
HOUSTON

State  
TX

Zip Code  
77096-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TX LAPAROSCOPIC CONSULTANTS

Occupation (for Individual)  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2017

**Transaction ID : SA11A.741497**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHARF, SUSAN, CHASIN, ,**

Mailing Address 4601 E GREEN MOUNTAIN DR

City  
FLAGSTAFF

State  
AZ

Zip Code  
86004-7806

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2017

**Transaction ID : SA11A.741920**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHMIDT, JENNIFER, S., MRS.,**

Mailing Address 2837 MEADOW LN

City  
HARTLAND

State  
WI

Zip Code  
53029-9392

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2017

**Transaction ID : SA11A.741778**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHMIDT, JENNIFER, S., MRS.,**

Mailing Address 2837 MEADOW LN

City  
HARTLAND

State  
WI

Zip Code  
53029-9392

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : SA11A.741779**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHMIDT, JENNIFER, S., MRS.,**

Mailing Address 2837 MEADOW LN

City  
HARTLAND

State  
WI

Zip Code  
53029-9392

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2017

**Transaction ID : SA11A.742151**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHMIDT, JENNIFER, S., MRS.,**

Mailing Address 2837 MEADOW LN

City  
HARTLAND

State  
WI

Zip Code  
53029-9392

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2017

**Transaction ID : SA11A.744744**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHMIDT, JENNIFER, S., MRS.,**

Mailing Address 2837 MEADOW LN

City  
HARTLAND

State  
WI

Zip Code  
53029-9392

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

**Transaction ID : SA11A.745383**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHMIDT, JENNIFER, S., MRS.,**

Mailing Address 2837 MEADOW LN

City  
HARTLAND

State  
WI

Zip Code  
53029-9392

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

**Transaction ID : SA11A.746754**

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 229 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHMIDT, JENNIFER, S., MRS.,**

Mailing Address 2837 MEADOW LN

City  
HARTLAND

State  
WI

Zip Code  
53029-9392

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.16

Date of Receipt

05 / 05 / 2017

Transaction ID : SA11A.747449

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHMIDT, JENNIFER, S., MRS.,**

Mailing Address 2837 MEADOW LN

City  
HARTLAND

State  
WI

Zip Code  
53029-9392

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.16

Date of Receipt

05 / 26 / 2017

Transaction ID : SA11A.747950

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHMIDT, JENNIFER, S., MRS.,**

Mailing Address 2837 MEADOW LN

City  
HARTLAND

State  
WI

Zip Code  
53029-9392

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.16

Date of Receipt

06 / 16 / 2017

Transaction ID : SA11A.748890

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 230 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHUBERT, PHILLIP, , MR.,**

Mailing Address 44239 W GRANITE DR

City  
MARICOPA

State  
AZ

Zip Code  
85139-8869

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SUBSEA ROBOTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2017

Transaction ID : SA11A.741006

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHUBERT, PHILLIP, , MR.,**

Mailing Address 44239 W GRANITE DR

City  
MARICOPA

State  
AZ

Zip Code  
85139-8869

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SUBSEA ROBOTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.743119

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHUBERT, PHILLIP, , MR.,**

Mailing Address 44239 W GRANITE DR

City  
MARICOPA

State  
AZ

Zip Code  
85139-8869

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SUBSEA ROBOTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2017

Transaction ID : SA11A.745691

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHUBERT, PHILLIP, , MR.,**

Mailing Address 44239 W GRANITE DR

City  
MARICOPA

State  
AZ

Zip Code  
85139-8869

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SUBSEA ROBOTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 06 / 2017

**Transaction ID : SA11A.746815**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHUBERT, PHILLIP, , MR.,**

Mailing Address 44239 W GRANITE DR

City  
MARICOPA

State  
AZ

Zip Code  
85139-8869

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SUBSEA ROBOTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2017

**Transaction ID : SA11A.747128**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHUBRING, ROBERT, , MR.,**

Mailing Address 2723 AVONHURST DR

City  
TROY

State  
MI

Zip Code  
48084-1062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WONDER TRANSMEDIA

Occupation (for Individual)  
PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

341.92

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2017

**Transaction ID : SA11A.742588**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHUBRING, ROBERT, , MR.,

Mailing Address 2723 AVONHURST DR

City  
TROY

State  
MI

Zip Code  
48084-1062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WONDER TRANSMEDIA

Occupation (for Individual)  
PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

Transaction ID : SA11A.743618

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHUBRING, ROBERT, , MR.,

Mailing Address 2723 AVONHURST DR

City  
TROY

State  
MI

Zip Code  
48084-1062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WONDER TRANSMEDIA

Occupation (for Individual)  
PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

Transaction ID : SA11A.744455

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHUBRING, ROBERT, , MR.,

Mailing Address 2723 AVONHURST DR

City  
TROY

State  
MI

Zip Code  
48084-1062

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WONDER TRANSMEDIA

Occupation (for Individual)  
PRODUCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

341.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

Transaction ID : SA11A.746127

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

241.92

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHULTE, CHRIS, , ,**

Mailing Address 6506 N DAVIS HWY

City  
PENSACOLA

State  
FL

Zip Code  
32504-6957

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EVERWELL

Occupation (for Individual)  
PRESIDENT/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 18 / 2017

Transaction ID : SA11A.746537

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHULT, WILLIAM, M., MR.,**

Mailing Address 50 E RIVERCENTER BLVD  
STE 1800

City  
COVINGTON

State  
KY

Zip Code  
41011-1660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PRO MACH INC

Occupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2017

Transaction ID : SA11A.747263

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCOTT, DAN, , MR.,**

Mailing Address 939 CHABRANT WAY

City  
SAN JOSE

State  
CA

Zip Code  
95125-2371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYBOLOGIE, INC.

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2017

Transaction ID : SA11A.741982

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCOTT, DAN, , MR.,**

Mailing Address 939 CHABRANT WAY

City  
SAN JOSE

State  
CA

Zip Code  
95125-2371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYMBOLOGIE, INC.

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2017

Transaction ID : SA11A.744912

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCOTT, DAN, , MR.,**

Mailing Address 939 CHABRANT WAY

City  
SAN JOSE

State  
CA

Zip Code  
95125-2371

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SYMBOLOGIE, INC.

Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2017

Transaction ID : SA11A.748326

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCULLY, THOMAS, P, ,**

Mailing Address 749 TOWNE DR

City  
FREEPORT

State  
IL

Zip Code  
61032-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2017

Transaction ID : SA11A.749105

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SEBERT, ELIZABETH, ANN, MR.,**

Mailing Address PO BOX 846

City  
OVERGAARD

State  
AZ

Zip Code  
85933-0846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2017

Transaction ID : SA11A.741437

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SEBERT, ELIZABETH, ANN, MR.,**

Mailing Address PO BOX 846

City  
OVERGAARD

State  
AZ

Zip Code  
85933-0846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.742878

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SHARIF-EMAMI, AMIR, , MR.,**

Mailing Address 455 E 86TH ST  
PH A

City  
NEW YORK

State  
NY

Zip Code  
10028-6506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UPTOP

Occupation (for Individual)  
REAL ESTATE SOFTWARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2017

Transaction ID : SA11A.747169

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 OF 416

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SICILIAN, MICHAEL, A, MR.,**

Mailing Address 677 WESTOVER RD

City  
STAMFORDState  
CTZip Code  
06902-1315FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M	D D	Y Y Y Y
03	08	2017

**Transaction ID : SA11A.743762**

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SIMMONS, CHARLES, E, MR.,**

Mailing Address PO BOX 3886

City  
HOUSTONState  
TXZip Code  
77253-3886FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	D D	Y Y Y Y
03	07	2017

**Transaction ID : SA11A.742819**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SIMMONS, CHARLES, E, MR.,**

Mailing Address PO BOX 3886

City  
HOUSTONState  
TXZip Code  
77253-3886FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	D D	Y Y Y Y
04	05	2017

**Transaction ID : SA11A.746291**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

326.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **SIMMONS, CHARLES, E, MR.,**

Mailing Address PO BOX 3886

City  
HOUSTON

State  
TX

Zip Code  
77253-3886

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2017

Transaction ID : SA11A.746294

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **SIMMONS, CHARLES, E, MR.,**

Mailing Address PO BOX 3886

City  
HOUSTON

State  
TX

Zip Code  
77253-3886

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746295

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **SIMMONS, GRETCHEN, K, ,**

Mailing Address 38155 SAINT MARY ST

City  
CLINTON TOWNSHIP

State  
MI

Zip Code  
48036-4046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DMC SERVICE GROUP

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

Transaction ID : SA11A.744186

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : SA11A.741715**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

**Transaction ID : SA11A.743209**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2017

**Transaction ID : SA11A.747275**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SIMON, ALLEN, H, MR.,**

Mailing Address 1383 N CRISS ST

City  
CHANDLER

State  
AZ

Zip Code  
85226-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2017

Transaction ID : SA11A.747737

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SINGER, JEFFREY, A., DR.,**

Mailing Address 4442 E HORSESHOE RD

City  
PHOENIX

State  
AZ

Zip Code  
85028-6138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VALLEY SURGICAL CLINICS, LTD

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 09 / 2017

Transaction ID : SA11A.743259

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SIPES, MARGARET, ASHLEY, ,**

Mailing Address 2081 PEPPER RIDGE DR

City  
SHREVEPORT

State  
LA

Zip Code  
71115-9412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WILLIS KNIGHTON

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 15 / 2017

Transaction ID : SA11A.748071

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMEAD, LARRY, , MR.,

Mailing Address 2857 ESSEX RD

City  
ESSEX

State  
NY

Zip Code  
12936-2317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SASCO

Occupation (for Individual)  
CH OF THE BOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

Transaction ID : SA11A.746115

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SORDILLO, PETER, P, DR.,

Mailing Address 51 E 82ND ST

City  
NEW YORK

State  
NY

Zip Code  
10028-0303

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2017

Transaction ID : SA11A.744976

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOUR, BEN, , MR., JR.

Mailing Address 9047 WISTERIAN WAY

City  
SHREVEPORT

State  
LA

Zip Code  
71106-9386

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
INFORMATION REQUESTED PER BES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

Transaction ID : SA11A.748045

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SOUZA DILWORTH, EVANGELINA, , MRS.,**

Mailing Address 4007 MCCULLOUGH AVE  
 # 472

City  
 SAN ANTONIO

State  
 TX

Zip Code  
 78212-2420

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 SELF-EMPLOYED

Occupation (for Individual)  
 INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 23 / 2017

Transaction ID : SA11A.747759

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SPONZA, LAURIE, , DR.,**

Mailing Address 21 HILLTOP DR

City  
 SMITHTOWN

State  
 NY

Zip Code  
 11787-1606

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 HARBORSIDE VETERINARY HOSPITAL

Occupation (for Individual)  
 VETERINARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 02 / 2017

Transaction ID : SA11A.742446

Amount of Each Receipt this Period

201.60

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ST LAWRENCE, GILLIAN, ELTING, MRS.,**

Mailing Address 1958 FOXVIEW CIR NW

City  
 WASHINGTON

State  
 DC

Zip Code  
 20007-1120

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 GES MORTGAGE GROUP

Occupation (for Individual)  
 MORTGAGE/REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 26 / 2017

Transaction ID : SA11A.748062

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6201.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **STEINKAMP, JEFFREY, , MR.,**Mailing Address **PO BOX 98**

City  
**ROCHESTER**

State  
**VT**

Zip Code  
**05767-0098**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**RETIRED**

Occupation (for Individual)  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**250.00**

Date of Receipt

**02 / 23 / 2017**

Transaction ID : **SA11A.742046**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **STROBRIDGE, JAMES, R., ,**

Mailing Address **60 LOCK ST**  
**UNIT C**

City  
**NASHUA**

State  
**NH**

Zip Code  
**03064-2476**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**PFIZER**

Occupation (for Individual)  
**BIO-PHARMA MECHANIC**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**03 / 07 / 2017**

Transaction ID : **SA11A.743012**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **STROBRIDGE, JAMES, R., ,**

Mailing Address **60 LOCK ST**  
**UNIT C**

City  
**NASHUA**

State  
**NH**

Zip Code  
**03064-2476**

FEC ID number of contributing  
 federal political committee.

**C**

Name of Employer (for Individual)  
**PFIZER**

Occupation (for Individual)  
**BIO-PHARMA MECHANIC**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**325.00**

Date of Receipt

**03 / 15 / 2017**

Transaction ID : **SA11A.744827**

Amount of Each Receipt this Period

**50.00**

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

**350.00**

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STROBRIDGE, JAMES, R., ,**

Mailing Address 60 LOCK ST  
UNIT C

City  
NASHUA

State  
NH

Zip Code  
03064-2476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PFIZER

Occupation (for Individual)  
BIO-PHARMA MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745562

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STROBRIDGE, JAMES, R., ,**

Mailing Address 60 LOCK ST  
UNIT C

City  
NASHUA

State  
NH

Zip Code  
03064-2476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PFIZER

Occupation (for Individual)  
BIO-PHARMA MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746448

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STROBRIDGE, JAMES, R., ,**

Mailing Address 60 LOCK ST  
UNIT C

City  
NASHUA

State  
NH

Zip Code  
03064-2476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PFIZER

Occupation (for Individual)  
BIO-PHARMA MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2017

Transaction ID : SA11A.747237

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 244 OF 416

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STROBRIDGE, JAMES, R., ,**

Mailing Address 60 LOCK ST  
UNIT C

City  
NASHUA

State  
NH

Zip Code  
03064-2476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PFIZER

Occupation (for Individual)  
BIO-PHARMA MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 08 / 2017

Transaction ID : SA11A.748492

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STROBRIDGE, JAMES, R., ,**

Mailing Address 60 LOCK ST  
UNIT C

City  
NASHUA

State  
NH

Zip Code  
03064-2476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PFIZER

Occupation (for Individual)  
BIO-PHARMA MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2017

Transaction ID : SA11A.748493

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STROBRIDGE, JAMES, R., ,**

Mailing Address 60 LOCK ST  
UNIT C

City  
NASHUA

State  
NH

Zip Code  
03064-2476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PFIZER

Occupation (for Individual)  
BIO-PHARMA MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2017

Transaction ID : SA11A.748494

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STROBRIDGE, JAMES, R., ,**

Mailing Address 60 LOCK ST  
UNIT C

City  
NASHUA

State  
NH

Zip Code  
03064-2476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PFIZER

Occupation (for Individual)  
BIO-PHARMA MECHANIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 29 / 2017

Transaction ID : SA11A.748495

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STURGIS, LEAH, , MS.,**

Mailing Address 756 VIA LIDO NORD

City

NEWPORT BEACH

State

CA

Zip Code

92663-5523

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
FILMMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2017

Transaction ID : SA11A.741074

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SUGDEN, RICHARD, , DR.,**

Mailing Address PO BOX 2468

City

JACKSON

State

WY

Zip Code

83001-2468

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742275

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1525.00

<b>X</b>	11a		11b		11c		12		
	13		14		15		16		17

## REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

FEC Schedule A (Form 3X) Rev. 06/2016

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **SUNGAILA, RICHARD, J., MR.,**

Mailing Address 1827 PORT STANHOPE PL

City  
NEWPORT BEACH

State  
CA

Zip Code  
92660-7120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : SA11A.745434

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **SUNGAILA, RICHARD, J., MR.,**

Mailing Address 1827 PORT STANHOPE PL

City  
NEWPORT BEACH

State  
CA

Zip Code  
92660-7120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745567

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **SUNGAILA, RICHARD, J., MR.,**

Mailing Address 1827 PORT STANHOPE PL

City  
NEWPORT BEACH

State  
CA

Zip Code  
92660-7120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2017

Transaction ID : SA11A.747088

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SUNGAILA, RICHARD, J., MR.,**

Mailing Address 1827 PORT STANHOPE PL

City  
NEWPORT BEACH

State  
CA

Zip Code  
92660-7120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2017

Transaction ID : SA11A.748854

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SUNGAILA, RICHARD, J., MR.,**

Mailing Address 1827 PORT STANHOPE PL

City  
NEWPORT BEACH

State  
CA

Zip Code  
92660-7120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2017

Transaction ID : SA11A.748855

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SWIFT, STEVE, M.,**

Mailing Address 1720 CENTRAL AVE S

City  
KENT

State  
WA

Zip Code  
98032-7416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SWIFTCARB US MANUFACTURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2017

Transaction ID : SA11A.747168

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 OF 416

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SWOBODA, ROBERT, J., MR.,**

Mailing Address 317 HIGHRIDGE RD

City  
BURLINGTONState  
WIZip Code  
53105-1041FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AURORA MEDICAL GROUPOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11A.740257

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TAGHECHIAN, AFSHIN, , ,**

Mailing Address 11 CLEAR SPRINGS CT

City  
SUGAR LANDState  
TXZip Code  
77479-5857FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TRADERS INTERNATIONALOccupation (for Individual)  
FOUNDER & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2017

Transaction ID : SA11A.740227

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TAGHIZADEH, IRAJ, , ,**

Mailing Address 5403 SUGAR HILL DR

City  
HOUSTONState  
TXZip Code  
77056-2029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IRAJ TAGHI CUSTOM HOMESOccupation (for Individual)  
BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2017

Transaction ID : SA11A.740253

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TAGHIZADEH, IRAJ, , ,**

Mailing Address 5403 SUGAR HILL DR

City  
HOUSTON

State  
TX

Zip Code  
77056-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IRAJ TAGHI CUSTOM HOMES

Occupation (for Individual)  
BUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2017

**Transaction ID : SA11A.740262**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TALSMAN, ANASTASIA, , MRS.,**

Mailing Address 2574 COUNTY ROAD 211

City  
HICO

State  
TX

Zip Code  
76457-3341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
DAIRY FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2017

**Transaction ID : SA11A.742052**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TANDON, VIPIN, M., ,**

Mailing Address 3535 RIDGEFORD DR

City  
WESTLAKE VILLAGE

State  
CA

Zip Code  
91361-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2017

**Transaction ID : SA11A.742684**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

3050.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TANDON, VIPIN, M., ,**

Mailing Address 3535 RIDGEFORD DR

City  
WESTLAKE VILLAGE

State  
CA

Zip Code  
91361-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

**Transaction ID : SA11A.743961**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TANDON, VIPIN, M., ,**

Mailing Address 3535 RIDGEFORD DR

City  
WESTLAKE VILLAGE

State  
CA

Zip Code  
91361-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2017

**Transaction ID : SA11A.745658**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TANDON, VIPIN, M., ,**

Mailing Address 3535 RIDGEFORD DR

City  
WESTLAKE VILLAGE

State  
CA

Zip Code  
91361-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

**Transaction ID : SA11A.746132**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TANDON, VIPIN, M., ,**

Mailing Address 3535 RIDGEFORD DR

City  
WESTLAKE VILLAGE

State  
CA

Zip Code  
91361-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2017

Transaction ID : SA11A.748090

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TAVAKOLI, FRANK, , ,**

Mailing Address 11115 CLAYMORE RD

City  
HOUSTON

State  
TX

Zip Code  
77024-6702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2017

Transaction ID : SA11A.740251

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TAVIS, WAYNE, A., MR.,**

Mailing Address 6604 227TH ST SW

City  
MOUNTLAKE TERRACE

State  
WA

Zip Code  
98043-2729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 06 / 2017

Transaction ID : SA11A.740218

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAVIS, WAYNE, A., MR.,

Mailing Address 6604 227TH ST SW

City  
MOUNTLAKE TERRACE

State  
WA

Zip Code  
98043-2729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2017

Transaction ID : SA11A.747733

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAVIS, WAYNE, A., MR.,

Mailing Address 6604 227TH ST SW

City  
MOUNTLAKE TERRACE

State  
WA

Zip Code  
98043-2729

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2017

Transaction ID : SA11A.749093

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TCHAMANZAR, JAY, , ,

Mailing Address 22114 CHESTERWICK DR

City  
KATY

State  
TX

Zip Code  
77450-5947

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALDWYCH CAPITAL

Occupation (for Individual)  
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2017

Transaction ID : SA11A.740252

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TEER, ROBIN, , MR.,**

Mailing Address 141 BRANDY DR

City  
MARIETTA

State  
OH

Zip Code  
45750-9378

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
MUDLOGGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742314

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TEER, ROBIN, , MR.,**

Mailing Address 141 BRANDY DR

City  
MARIETTA

State  
OH

Zip Code  
45750-9378

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
MUDLOGGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.743123

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TEER, ROBIN, , MR.,**

Mailing Address 141 BRANDY DR

City  
MARIETTA

State  
OH

Zip Code  
45750-9378

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
MUDLOGGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

Transaction ID : SA11A.745690

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. THIRY, KENT, J., ,**

Mailing Address 2 CANTITOE LN

City  
ENGLEWOOD

State  
CO

Zip Code  
80113-6111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAVITA

Occupation (for Individual)  
CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : SA11A.745776

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. THOMPSON, ROBERT, M., ,**

Mailing Address 2933 TRAFFORD RD

City  
MURRYSVILLE

State  
PA

Zip Code  
15668-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.70

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2017

Transaction ID : SA11A.745742

Amount of Each Receipt this Period

201.70

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TIMBERLAKE, RICHARD, H., MR., JR.**

Mailing Address 220 DEERFIELD RD

City  
BOGART

State  
GA

Zip Code  
30622-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 27 / 2017

Transaction ID : SA11A.747872

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1451.70

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 256 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **TRAHAN, LARRY, , MR.,**
 Mailing Address 1850 S WESTWOOD  
 UNIT 15

 City  
 MESA

 State  
 AZ

 Zip Code  
 85210-9406

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.741748

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **TRAHAN, LARRY, , MR.,**
 Mailing Address 1850 S WESTWOOD  
 UNIT 15

 City  
 MESA

 State  
 AZ

 Zip Code  
 85210-9406

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.745671

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **TRAHAN, LARRY, , MR.,**
 Mailing Address 1850 S WESTWOOD  
 UNIT 15

 City  
 MESA

 State  
 AZ

 Zip Code  
 85210-9406

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11A.747731

Amount of Each Receipt this Period

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TRAHAN, LARRY, , MR.,**

Mailing Address 1850 S WESTWOOD  
UNIT 15

City  
MESA

State  
AZ

Zip Code  
85210-9406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2017

**Transaction ID : SA11A.748486**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TRAPP, BETSY, , ,**

Mailing Address 350 WHISPERING CREEK RD

City

WEST MONROE

State  
LA

Zip Code  
71291-6987

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

**Transaction ID : SA11A.742889**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. UTLEY, JON, , MR.,**

Mailing Address 3030 K ST NW  
APT 302

City

WASHINGTON

State  
DC

Zip Code  
20007-5158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2017

**Transaction ID : SA11A.748028**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VANVLEET, JOANNA, , DR.,**

Mailing Address 9609 LANDINGS DR

City  
PORT SAINT LUCIE

State  
FL

Zip Code  
34986-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2017

Transaction ID : SA11A.742591

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VANVLEET, JOANNA, , DR.,**

Mailing Address 9609 LANDINGS DR

City  
PORT SAINT LUCIE

State  
FL

Zip Code  
34986-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2017

Transaction ID : SA11A.743449

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VANVLEET, JOANNA, , DR.,**

Mailing Address 9609 LANDINGS DR

City  
PORT SAINT LUCIE

State  
FL

Zip Code  
34986-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2017

Transaction ID : SA11A.746921

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 OF 416

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VARGAS, JOSEPH, WILLIAM, MR.,**

Mailing Address 2950 VAN HORN RD

City  
FAIRBANKSState  
AKZip Code  
99709-5417FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DENALI FENCEWORKS, LLCOccupation (for Individual)  
CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

Transaction ID : SA11A.745748

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VENNER, ALICE, F., MRS.,**

Mailing Address 15163 PONDEROSA LOOP

City  
LA PINEState  
ORZip Code  
97739-8936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2017

Transaction ID : SA11A.740950

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VENNER, ALICE, F., MRS.,**

Mailing Address 15163 PONDEROSA LOOP

City  
LA PINEState  
ORZip Code  
97739-8936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

Transaction ID : SA11A.741241

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

300.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 260 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **VENNER, ALICE, F., MRS.,**

Mailing Address 15163 PONDEROSA LOOP

City  
LA PINEState  
ORZip Code  
97739-8936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2017

Transaction ID : SA11A.745538

Amount of Each Receipt this Period

35.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **VENNER, ALICE, F., MRS.,**

Mailing Address 15163 PONDEROSA LOOP

City  
LA PINEState  
ORZip Code  
97739-8936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2017

Transaction ID : SA11A.747714

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **VENNER, ALICE, F., MRS.,**

Mailing Address 15163 PONDEROSA LOOP

City  
LA PINEState  
ORZip Code  
97739-8936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2017

Transaction ID : SA11A.748976

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

110.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VENNER, ALICE, F., MRS.,**

Mailing Address 15163 PONDEROSA LOOP

City  
LA PINE

State  
OR

Zip Code  
97739-8936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY  
06 / 22 / 2017

Transaction ID : SA11A.748977

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VIGEN, ERIC, ARNO, MR.,**

Mailing Address 23642 CLOVER TRL

City  
CALABASAS

State  
CA

Zip Code  
91302-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AIRESRING, INC.

Occupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

MM / DD / YYYY  
02 / 16 / 2017

Transaction ID : SA11A.741767

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VIGEN, ERIC, ARNO, MR.,**

Mailing Address 23642 CLOVER TRL

City  
CALABASAS

State  
CA

Zip Code  
91302-2007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AIRESRING, INC.

Occupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

449.00

Date of Receipt

MM / DD / YYYY  
03 / 14 / 2017

Transaction ID : SA11A.743304

Amount of Each Receipt this Period

199.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

499.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 OF 416

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VINTON, DRURY, L., MR.,**

Mailing Address 34 LILY LN

UNIT M2

City

WEST LEBANON

State

NH

Zip Code

03784-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2017

Transaction ID : SA11A.741415

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VINTON, DRURY, L., MR.,**

Mailing Address 34 LILY LN

UNIT M2

City

WEST LEBANON

State

NH

Zip Code

03784-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2017

Transaction ID : SA11A.743457

Amount of Each Receipt this Period

201.60

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VINTON, DRURY, L., MR.,**

Mailing Address 34 LILY LN

UNIT M2

City

WEST LEBANON

State

NH

Zip Code

03784-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

651.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2017

Transaction ID : SA11A.744954

Amount of Each Receipt this Period

100.00

☐ Memo Item  
 CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

401.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VINTON, DRURY, L., MR.,**

Mailing Address 34 LILY LN

UNIT M2

City

WEST LEBANON

State

NH

Zip Code

03784-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.60

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2017

Transaction ID : SA11A.747801

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VOGELSBERG, CLIFF, KRELL, MR.,**

Mailing Address 74 MAPLEWOOD LN

City

ROCKY POINT

State

NC

Zip Code

28457-9383

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 26 / 2017

Transaction ID : SA11A.740379

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VOGELSBERG, CLIFF, KRELL, MR.,**

Mailing Address 74 MAPLEWOOD LN

City

ROCKY POINT

State

NC

Zip Code

28457-9383

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2017

Transaction ID : SA11A.740908

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VOGELSBERG, CLIFF, KRELL, MR.,**

Mailing Address 74 MAPLEWOOD LN

City  
ROCKY POINT

State  
NC

Zip Code  
28457-9383

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2017

Transaction ID : SA11A.741281

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VOGELSBERG, CLIFF, KRELL, MR.,**

Mailing Address 74 MAPLEWOOD LN

City  
ROCKY POINT

State  
NC

Zip Code  
28457-9383

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2017

Transaction ID : SA11A.742212

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VOGELSBERG, CLIFF, KRELL, MR.,**

Mailing Address 74 MAPLEWOOD LN

City  
ROCKY POINT

State  
NC

Zip Code  
28457-9383

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2017

Transaction ID : SA11A.742213

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 265 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VOGELSBERG, CLIFF, KRELL, MR.,**

Mailing Address 74 MAPLEWOOD LN

 City  
 ROCKY POINT

 State  
 NC

 Zip Code  
 28457-9383

 FEC ID number of contributing  
 federal political committee.

 C 

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 325.00 

Date of Receipt

 M  M  /  D  D  /  Y  Y  Y  Y  
 03 / 03 / 2017

Transaction ID : SA11A.742584

Amount of Each Receipt this Period

 25.00 
☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VOGELSBERG, CLIFF, KRELL, MR.,**

Mailing Address 74 MAPLEWOOD LN

 City  
 ROCKY POINT

 State  
 NC

 Zip Code  
 28457-9383

 FEC ID number of contributing  
 federal political committee.

 C 

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 325.00 

Date of Receipt

 M  M  /  D  D  /  Y  Y  Y  Y  
 03 / 09 / 2017

Transaction ID : SA11A.744016

Amount of Each Receipt this Period

 25.00 
☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VOGELSBERG, CLIFF, KRELL, MR.,**

Mailing Address 74 MAPLEWOOD LN

 City  
 ROCKY POINT

 State  
 NC

 Zip Code  
 28457-9383

 FEC ID number of contributing  
 federal political committee.

 C 

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

 325.00 

Date of Receipt

 M  M  /  D  D  /  Y  Y  Y  Y  
 04 / 04 / 2017

Transaction ID : SA11A.746243

Amount of Each Receipt this Period

 50.00 
☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

 100.00 
**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VOGELSBERG, CLIFF, KRELL, MR.,**

Mailing Address 74 MAPLEWOOD LN

City  
ROCKY POINT

State  
NC

Zip Code  
28457-9383

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746885

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VOGELSBERG, CLIFF, KRELL, MR.,**

Mailing Address 74 MAPLEWOOD LN

City  
ROCKY POINT

State  
NC

Zip Code  
28457-9383

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2017

Transaction ID : SA11A.747924

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WALL, ELIZABETH, L., MRS.,**

Mailing Address 6565 S NORTHSORE DR

City  
KNOXVILLE

State  
TN

Zip Code  
37919-8652

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : SA11A.745933

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARNE, JILL, , MRS.,

Mailing Address 126 ABBOTT RD

City  
ELMA

State  
WA

Zip Code  
98541-9469

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CENTURY 21 REAL ESTATE CENTER

Occupation (for Individual)  
REAL ESTATE PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

Transaction ID : SA11A.740749

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARNE, JILL, , MRS.,

Mailing Address 126 ABBOTT RD

City  
ELMA

State  
WA

Zip Code  
98541-9469

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CENTURY 21 REAL ESTATE CENTER

Occupation (for Individual)  
REAL ESTATE PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.744124

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WARNE, JILL, , MRS.,

Mailing Address 126 ABBOTT RD

City  
ELMA

State  
WA

Zip Code  
98541-9469

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CENTURY 21 REAL ESTATE CENTER

Occupation (for Individual)  
REAL ESTATE PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2017

Transaction ID : SA11A.744911

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWEN

State  
NY

Zip Code  
12466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2017

Transaction ID : SA11A.740318

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWEN

State  
NY

Zip Code  
12466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

Transaction ID : SA11A.740937

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWEN

State  
NY

Zip Code  
12466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2017

Transaction ID : SA11A.741317

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 269 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

 City  
 PORT EWEN

 State  
 NY

 Zip Code  
 12466

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2017

Transaction ID : SA11A.741474

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

 City  
 PORT EWEN

 State  
 NY

 Zip Code  
 12466

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2017

Transaction ID : SA11A.742663

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

 City  
 PORT EWEN

 State  
 NY

 Zip Code  
 12466

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

615.32

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2017

Transaction ID : SA11A.743121

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 270 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

 City  
 PORT EWEN

 State  
 NY

 Zip Code  
 12466

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2017

Transaction ID : SA11A.743927

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

 City  
 PORT EWEN

 State  
 NY

 Zip Code  
 12466

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2017

Transaction ID : SA11A.744715

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

 City  
 PORT EWEN

 State  
 NY

 Zip Code  
 12466

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

615.32

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2017

Transaction ID : SA11A.744716

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWEN

State  
NY

Zip Code  
12466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2017

**Transaction ID : SA11A.744996**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWEN

State  
NY

Zip Code  
12466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2017

**Transaction ID : SA11A.745325**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWEN

State  
NY

Zip Code  
12466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2017

**Transaction ID : SA11A.746261**

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWEN

State  
NY

Zip Code  
12466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2017

Transaction ID : SA11A.746932

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWEN

State  
NY

Zip Code  
12466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

Transaction ID : SA11A.746933

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWEN

State  
NY

Zip Code  
12466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2017

Transaction ID : SA11A.747049

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWEN

State  
NY

Zip Code  
12466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2017

Transaction ID : SA11A.747254

Amount of Each Receipt this Period

20.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWEN

State  
NY

Zip Code  
12466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 23 / 2017

Transaction ID : SA11A.747681

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWEN

State  
NY

Zip Code  
12466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2017

Transaction ID : SA11A.747909

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

70.16

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 OF 416

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWENState  
NYZip Code  
12466FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2017

Transaction ID : SA11A.748916

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WEBER, EDWARD, V., DR.,**

Mailing Address 231 TILDEN STREET

City  
PORT EWENState  
NYZip Code  
12466FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

Transaction ID : SA11A.749013

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WERNER, PATRICIA, A, MS.,**Mailing Address 625 ESKATON CIR  
APT 321City  
GRASS VALLEYState  
CAZip Code  
95945-5734FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2017

Transaction ID : SA11A.746859

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION
**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINN, GEORGE, KENNY, MR.,**

Mailing Address 11953 S INDIAN RIVER DR

City  
JENSEN BEACH

State  
FL

Zip Code  
34957-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
12 KEYS

Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

**Transaction ID : SA11A.745917**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WOOD, ROSS, LEONARD, MR.,**

Mailing Address 12992 TRAIL VIEW LN

City  
CHINO HILLS

State  
CA

Zip Code  
91709-1015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WEST HILLS CONSTRUCTION, INC.

Occupation (for Individual)  
GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : SA11A.741511**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WOOD, ROSS, LEONARD, MR.,**

Mailing Address 12992 TRAIL VIEW LN

City  
CHINO HILLS

State  
CA

Zip Code  
91709-1015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WEST HILLS CONSTRUCTION, INC.

Occupation (for Individual)  
GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

301.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

**Transaction ID : SA11A.743006**

Amount of Each Receipt this Period

201.60

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2301.60

<b>X</b>	11a		11b		11c		12		
	13		14		15		16		17

## REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

FEC Schedule A (Form 3X) Rev. 06/2016

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WORTHINGTON, VON, , MR.,**

Mailing Address 37 PARK AVE  
# 881

City  
ISLAND HEIGHTS

State  
NJ

Zip Code  
08732-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

WORTHINGTON BIOCHEMICAL CORP

Occupation (for Individual)

BIOCHEMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2017

**Transaction ID : SA11A.743410**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WORTHINGTON, VON, , MR.,**

Mailing Address 37 PARK AVE  
# 881

City  
ISLAND HEIGHTS

State  
NJ

Zip Code  
08732-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

WORTHINGTON BIOCHEMICAL CORP

Occupation (for Individual)

BIOCHEMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2017

**Transaction ID : SA11A.746881**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WORTHINGTON, VON, , MR.,**

Mailing Address 37 PARK AVE  
# 881

City  
ISLAND HEIGHTS

State  
NJ

Zip Code  
08732-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

WORTHINGTON BIOCHEMICAL CORP

Occupation (for Individual)

BIOCHEMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2017

**Transaction ID : SA11A.747735**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 278 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WORTZ, GARY, , DR.,**

Mailing Address 205 KEENE MANOR CIR

 City  
 NICHOLASVILLE

 State  
 KY

 Zip Code  
 40356-7911

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BLUEGRASS EYE SURGERY

 Occupation (for Individual)  
 OPHTHALMOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2017

Transaction ID : SA11A.745770

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WRATHER, A., ROY, DR.,**

Mailing Address 720 W SHERROD AVE

 City  
 COVINGTON

 State  
 TN

 Zip Code  
 38019-3024

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 SELF-EMPLOYED

 Occupation (for Individual)  
 DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2017

Transaction ID : SA11A.745756

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. YAMAMOTO, STEVEN, K, ,**

Mailing Address PO BOX 2006

 City  
 BREWSTER

 State  
 WA

 Zip Code  
 98812-2006

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2017

Transaction ID : SA11A.741399

Amount of Each Receipt this Period

50.00

☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. YAMAMOTO, STEVEN, K, ,**

Mailing Address PO BOX 2006

City  
BREWSTER

State  
WA

Zip Code  
98812-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2017

Transaction ID : SA11A.741899

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. YAMAMOTO, STEVEN, K, ,**

Mailing Address PO BOX 2006

City  
BREWSTER

State  
WA

Zip Code  
98812-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2017

Transaction ID : SA11A.742466

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. YAMAMOTO, STEVEN, K, ,**

Mailing Address PO BOX 2006

City  
BREWSTER

State  
WA

Zip Code  
98812-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

Transaction ID : SA11A.743147

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. YAMAMOTO, STEVEN, K, ,**

Mailing Address PO BOX 2006

City  
BREWSTER

State  
WA

Zip Code  
98812-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2017

**Transaction ID : SA11A.743829**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. YAMAMOTO, STEVEN, K, ,**

Mailing Address PO BOX 2006

City  
BREWSTER

State  
WA

Zip Code  
98812-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2017

**Transaction ID : SA11A.745665**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. YARLOTT, TIMOTHY, W, MR.,**

Mailing Address 1436 PINE ST

City  
NAPA

State  
CA

Zip Code  
94559-3812

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2017

**Transaction ID : SA11A.742105**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. YARLOTT, TIMOTHY, W, MR.,**

Mailing Address 1436 PINE ST

City  
NAPA

State  
CA

Zip Code  
94559-3812

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2017

**Transaction ID : SA11A.745797**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. YARLOTT, TIMOTHY, W, MR.,**

Mailing Address 1436 PINE ST

City  
NAPA

State  
CA

Zip Code  
94559-3812

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 06 / 2017

**Transaction ID : SA11A.746664**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. YORMAK, JEFFREY, H, ,**

Mailing Address 9 ROUND HILL PL

City  
CHAPPAQUA

State  
NY

Zip Code  
10514-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

**Transaction ID : SA11A.740970**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZADEK, ROBERT, ALAN, MR.,**

Mailing Address 1001 BRIDGEWAY  
# 721

City  
SAUSALITO

State  
CA

Zip Code  
94965-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BUCHALTER NEMER

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2017

**Transaction ID : SA11A.741986**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZADEK, ROBERT, ALAN, MR.,**

Mailing Address 1001 BRIDGEWAY  
# 721

City  
SAUSALITO

State  
CA

Zip Code  
94965-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BUCHALTER NEMER

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2017

**Transaction ID : SA11A.746088**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2017

**Transaction ID : SA11A.741058**

Amount of Each Receipt this Period

2.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1002.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 283 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGOState  
NDZip Code  
58104-3961FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2017

Transaction ID : SA11A.741087

Amount of Each Receipt this Period

4.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGOState  
NDZip Code  
58104-3961FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2017

Transaction ID : SA11A.741151

Amount of Each Receipt this Period

20.00

☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGOState  
NDZip Code  
58104-3961FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

414.88

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2017

Transaction ID : SA11A.741838

Amount of Each Receipt this Period

5.00

☐ Memo Item  
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

29.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2017

**Transaction ID : SA11A.742024**

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2017

**Transaction ID : SA11A.742198**

Amount of Each Receipt this Period

4.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2017

**Transaction ID : SA11A.742247**

Amount of Each Receipt this Period

40.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

94.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2017

**Transaction ID : SA11A.742669**

Amount of Each Receipt this Period

41.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2017

**Transaction ID : SA11A.742799**

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2017

**Transaction ID : SA11A.743189**

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2017

Transaction ID : SA11A.743438

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2017

Transaction ID : SA11A.743832

Amount of Each Receipt this Period

3.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2017

Transaction ID : SA11A.743833

Amount of Each Receipt this Period

6.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

14.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2017

Transaction ID : SA11A.743834

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2017

Transaction ID : SA11A.744289

Amount of Each Receipt this Period

7.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2017

Transaction ID : SA11A.744307

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 OF 416  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2017

Transaction ID : SA11A.744308

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2017

Transaction ID : SA11A.744801

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2017

Transaction ID : SA11A.745041

Amount of Each Receipt this Period

8.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

48.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2017

Transaction ID : SA11A.745533

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2017

Transaction ID : SA11A.745879

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2017

Transaction ID : SA11A.746469

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2017

Transaction ID : SA11A.746470

Amount of Each Receipt this Period

4.50

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 07 / 2017

Transaction ID : SA11A.746471

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2017

Transaction ID : SA11A.746847

Amount of Each Receipt this Period

8.96

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

18.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2017

Transaction ID : SA11A.746989

Amount of Each Receipt this Period

10.24

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2017

Transaction ID : SA11A.747274

Amount of Each Receipt this Period

5.18

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2017

Transaction ID : SA11A.747441

Amount of Each Receipt this Period

10.24

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2017

**Transaction ID : SA11A.747456**

Amount of Each Receipt this Period

4.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2017

**Transaction ID : SA11A.747460**

Amount of Each Receipt this Period

4.16

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

City  
FARGO

State  
ND

Zip Code  
58104-3961

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

414.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 17 / 2017

**Transaction ID : SA11A.747526**

Amount of Each Receipt this Period

12.34

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZHOU, TONG, , MRS.,**

Mailing Address 5568 FARMSTEAD CT S

 City  
 FARGO

 State  
 ND

 Zip Code  
 58104-3961

 FEC ID number of contributing  
 federal political committee.

 C 

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 414.88 

Date of Receipt

 M M /  D D /  Y Y Y Y Y Y  
 05 / 15 / 2017

Transaction ID : SA11A.747535

Amount of Each Receipt this Period

 15.10 
☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZILENZIGER, ROD, J, MR.,**

Mailing Address 16 POWDERHORN RD

City

HO HO KUS

State

NJ

Zip Code

07423-1709

 FEC ID number of contributing  
 federal political committee.

 C 

 Name of Employer (for Individual)  
 RODMAN MEDIA

 Occupation (for Individual)  
 MEDIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 250.00 

Date of Receipt

 M M /  D D /  Y Y Y Y Y Y  
 02 / 03 / 2017

Transaction ID : SA11A.741029

Amount of Each Receipt this Period

 250.00 
☐ Memo Item  
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ZOELLER, KATHRIN, , ,**

Mailing Address 7314 PENNY LN

City

KATY

State

TX

Zip Code

77494-0158

 FEC ID number of contributing  
 federal political committee.

 C 

 Name of Employer (for Individual)  
 WEATHERFORD

 Occupation (for Individual)  
 ECONOMIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

 500.00 

Date of Receipt

 M M /  D D /  Y Y Y Y Y Y  
 03 / 15 / 2017

Transaction ID : SA11A.744969

Amount of Each Receipt this Period

 500.00 
☐ Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

 765.10 
**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. FARMINGTON EAR, NOSE & THROAT, LLC**

Mailing Address 501 W PINE ST

City  
FARMINGTON

State  
MO

Zip Code  
63640-1439

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : SA11A.745777

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. ROBERTS, JUSTIN, , ,**

Mailing Address 750 SAINT ANDREWS ST

City  
FARMINGTON

State  
MO

Zip Code  
63640-8201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2017

Transaction ID : SA11A.745778

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. MJB OPERATING LP**

Mailing Address 14185 DALLAS PKWY  
STE 1150

City  
DALLAS

State  
TX

Zip Code  
75254-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2017

Transaction ID : SA11A.747465

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BENNETT, MONTY, J., MR.,**

Mailing Address 14185 DALLAS PKWY  
STE 1100

City  
DALLAS

State  
TX

Zip Code  
75254-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ASHFORD HOSPITALITY TRUST

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 10 / 2017

Transaction ID : SA11A.747466

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PSH OF OKALOOSA, LLC**

Mailing Address 819 CHOCTAW LN

City  
SHALIMAR

State  
FL

Zip Code  
32579-2248

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2017

Transaction ID : SA11A.746280

Amount of Each Receipt this Period

275.00

☐ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HSU, PAUL, S., ,**

Mailing Address 819 CHOCTAW LN

City  
SHALIMAR

State  
FL

Zip Code  
32579

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PSH OF OKALOOSA, LLC

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2017

Transaction ID : SA11A.749139

Amount of Each Receipt this Period

275.00

☒ Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 OF 416

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. SOUTH COAST SOLAR LLC**

Mailing Address 2605 RIDGELAKE DR

City  
METAIRIE

State  
LA

Zip Code  
70002-6036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

**Transaction ID : SA11A.748036**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. OMAN, DAVID, SCOTT, ,**

Mailing Address 1722 N GAYOSO ST

City

NEW ORLEANS

State

LA

Zip Code

70119-2130

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTH COAST SOLAR, LLC

Occupation (for Individual)  
MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

**Transaction ID : SA11A.748048**

Amount of Each Receipt this Period

250.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. SUGGS, ROBERT, LESLIE, , JR.**

Mailing Address 315 W LIVINGSTON PL

City

METAIRIE

State

LA

Zip Code

70005-3951

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTH COAST SOLAR, LLC

Occupation (for Individual)  
MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2017

**Transaction ID : SA11A.748049**

Amount of Each Receipt this Period

250.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

414191.02



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 OF 416

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. KENTUCKY TRUCK PAC**

Mailing Address 617 SHELBY ST

City  
FRANKFORT

State  
KY

Zip Code  
40601-3431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2017

Transaction ID : SA11C.747762

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. ALTRIA GROUP, INC PAC**

Mailing Address 101 CONSTITUTION AVE NW  
STE 400W

City  
WASHINGTON

State  
DC

Zip Code  
20001-2155

FEC ID number of contributing  
federal political committee.

C C00089136

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2017

Transaction ID : SA11C.744993

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ALTRIA GROUP, INC PAC**

Mailing Address 101 CONSTITUTION AVE NW  
STE 400W

City  
WASHINGTON

State  
DC

Zip Code  
20001-2155

FEC ID number of contributing  
federal political committee.

C C00089136

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2017

Transaction ID : SA11C.747472

Amount of Each Receipt this Period

4000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 298 OF 416

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AMERICAN ACADEMY OF OPHTHALMOLOGY PAC**

Mailing Address 655 BEACH ST

City  
SAN FRANCISCO

State  
CA

Zip Code  
94109-1342

FEC ID number of contributing  
federal political committee.

**C** C00196246

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **16** / **2017**

**Transaction ID : SA11C.744237**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION PAC**

Mailing Address 1445 NEW YORK AVE NW  
STE 800

City  
WASHINGTON

State  
DC

Zip Code  
20005-2125

FEC ID number of contributing  
federal political committee.

**C** C00359539

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **31** / **2017**

**Transaction ID : SA11C.745773**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AMERICAN FINANCIAL SERVICES PAC**

Mailing Address 919 18TH ST NW  
STE 300

City  
WASHINGTON

State  
DC

Zip Code  
20006-5526

FEC ID number of contributing  
federal political committee.

**C** C00038604

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **31** / **2017**

**Transaction ID : SA11C.745772**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 OF 416

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AMGEN INC. PAC**

Mailing Address 601 13TH ST NW  
FL 12

City  
WASHINGTON

State  
DC

Zip Code  
20005-3819

FEC ID number of contributing  
federal political committee.

**C** C00251876

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**04** / **13** / **2017**

**Transaction ID : SA11C.746278**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AMGEN INC. PAC**

Mailing Address 601 13TH ST NW  
FL 12

City  
WASHINGTON

State  
DC

Zip Code  
20005-3819

FEC ID number of contributing  
federal political committee.

**C** C00251876

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**06** / **30** / **2017**

**Transaction ID : SA11C.748068**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. APOLLO EDUCATION GROUP INC. POLITICAL ORGANIZATION FOR LEGIS**

Mailing Address 4025 S RIVERPOINT PKWY

City  
PHOENIX

State  
AZ

Zip Code  
85040-0723

FEC ID number of contributing  
federal political committee.

**C** C00309781

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**05** / **10** / **2017**

**Transaction ID : SA11C.747463**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

7500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AT&T FEDERAL PAC**

Mailing Address 208 S AKARD ST  
STE 3521

City  
DALLAS

State  
TX

Zip Code  
75202-4206

FEC ID number of contributing  
federal political committee.

**C** C00109017

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**02** / **21** / **2017**

**Transaction ID : SA11C.741449**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BNSF RAILWAY COMPANY RAILPAC**

Mailing Address PO BOX 961039

City

FORT WORTH

State

TX

Zip Code

76161-0039

FEC ID number of contributing  
federal political committee.

**C** C00235739

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **31** / **2017**

**Transaction ID : SA11C.745775**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DAVITA HEALTHCARE PARTNERS INC PAC**

Mailing Address 32275 32ND AVE S

City

FEDERAL WAY

State

WA

Zip Code

98001-9616

FEC ID number of contributing  
federal political committee.

**C** C00340943

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

**03** / **31** / **2017**

**Transaction ID : SA11C.745790**

Amount of Each Receipt this Period

4000.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. FORD MOTOR COMPANY CIVIC ACTION FUND**

Mailing Address PO BOX 75000

City  
DETROIT

State  
MI

Zip Code  
48275-0001

FEC ID number of contributing  
federal political committee.

C

C00046474

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2017

**Transaction ID : SA11C.745771**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. HEALTH AGENTS OF AMERICA PAC - Hafa PAC**

Mailing Address PO BOX 65128

City  
BATON ROUGE

State  
LA

Zip Code  
70896-5128

FEC ID number of contributing  
federal political committee.

C

C00583492

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 14 / 2017

**Transaction ID : SA11C.748037**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. IHEARTMEDIA INC. - CLEAR CHANNEL OUTDOOR PAC**

Mailing Address 200 E BASSE RD

City  
SAN ANTONIO

State  
TX

Zip Code  
78209-4489

FEC ID number of contributing  
federal political committee.

C

C00279216

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2017

**Transaction ID : SA11C.747761**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

4000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. MCGUIRE WOODS FEDERAL PAC FUND**

Mailing Address 800 E CANAL ST

City  
RICHMOND

State  
VA

Zip Code  
23219-3956

FEC ID number of contributing  
federal political committee.

**C** C00225342

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **31** / **2017**

**Transaction ID : SA11C.745767**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. MICROSOFT CORPORATION PAC**

Mailing Address 16011 NE 36TH WAY

City  
REDMOND

State  
WA

Zip Code  
98052-6301

FEC ID number of contributing  
federal political committee.

**C** C00227546

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**04** / **13** / **2017**

**Transaction ID : SA11C.746275**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

35000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 OF 416

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. RAND PAUL VICTORY COMMITTEE**

Mailing Address 824 S MILLEDGE AVE  
STE 101

City  
ATHENS

State  
GA

Zip Code  
30605-1332

FEC ID number of contributing  
federal political committee.

C

C00545848

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2017

Transaction ID : SA12.747482

Amount of Each Receipt this Period

913.32

☐ Memo Item

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. BOOTH, KEVIN, C, DR., M.D.**

Mailing Address 1078 S WEDGEWOOD RD

City

SAN RAMON

State

CA

Zip Code

94582-5823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTHERN CALIFORNIA SPINE INSTITUTE

Occupation (for Individual)  
ORTHOPEDIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA12.747483

Amount of Each Receipt this Period

2450.00

☒ Memo Item

TRANSFER

JFC ATTRIB: RAND PAUL VICTORY COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ROBERTS, RICHARD, H., MR.,**

Mailing Address 120 ARBUTUS DR

City

LAKEWOOD

State

NJ

Zip Code

08701-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : SA12.747484

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: RAND PAUL VICTORY COMMITTEE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

913.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 OF 416

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RAND PAUL VICTORY**

Mailing Address PO BOX 190

City  
NEWPORT

State  
KY

Zip Code  
41072

FEC ID number of contributing  
federal political committee.

C

C00634766

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17443.81

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2017

Transaction ID : SA12.748051

Amount of Each Receipt this Period

17443.81

☐ Memo Item

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HORVATH, PAUL, D., MR.,**

Mailing Address 3327 P ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20007-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ORCHARD GLOBAL

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2017

Transaction ID : SA12.748059

Amount of Each Receipt this Period

4800.00

☒ Memo Item

TRANSFER

JFC ATTRIB: RAND PAUL VICTORY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KAPANI, ROY, , ,**

Mailing Address 5105 LOWELL LN NW

City  
WASHINGTON

State  
DC

Zip Code  
20016-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ECS FEDERAL, INC.

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2017

Transaction ID : SA12.748061

Amount of Each Receipt this Period

1300.00

☒ Memo Item

TRANSFER

JFC ATTRIB: RAND PAUL VICTORY

SUBTOTAL of Receipts This Page (optional).....▶

17443.81

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. METZNER, DAVID, ALLAN, MR.,**

Mailing Address 4611 HAWTHORNE LN NW

City  
WASHINGTON

State  
DC

Zip Code  
20016-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACG ANALYTICS

Occupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

06 / 17 / 2017

Transaction ID : SA12.748060

Amount of Each Receipt this Period

4800.00

☒ Memo Item

TRANSFER

JFC ATTRIB: RAND PAUL VICTORY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RUTHERFORD, THOMAS, D., MR.,**

Mailing Address 3333 P ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20007-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MARSH & MCLELLAN AGENCY L.L.C.

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

06 / 17 / 2017

Transaction ID : SA12.748058

Amount of Each Receipt this Period

4800.00

☒ Memo Item

TRANSFER

JFC ATTRIB: RAND PAUL VICTORY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. YOUNGKIN, GLENN, , ,**

Mailing Address 9640 GEORGETOWN PIKE

City  
GREAT FALLS

State  
VA

Zip Code  
22066-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE CARLYLE GROUP

Occupation (for Individual)  
ASSET MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

06 / 17 / 2017

Transaction ID : SA12.748057

Amount of Each Receipt this Period

4800.00

☒ Memo Item

TRANSFER

JFC ATTRIB: RAND PAUL VICTORY

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

18357.13

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 OF 416

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. FORWARD STRATEGY PARTNERS**

Mailing Address 6211 BURNHAM PLACE

City  
PROSPECT

State  
KY

Zip Code  
40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5150.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 11 / 2017

Transaction ID : SA15.16545

Amount of Each Receipt this Period

5150.76

☐ Memo Item

REFUND: FINANCE CONSULTING

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5150.76

5150.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 307 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ANSLEY, WILLIAM, BONNEAU, MR., III**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

Mailing Address 330 WOODWARD WAY NW

City  
ATLANTAState  
GAZip Code  
30305-4080Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.74811**

Amount of Each Disbursement this Period

300.00

FOOD/BEVERAGE/GOLF FEES

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSLER, LAUREN, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Mailing Address 650 E STREET #BSMT

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I16578**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOSLER, LAUREN, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address 650 E STREET #BSMT

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1657**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7300.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 308 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSLER, LAUREN, , ,**

Mailing Address 650 E STREET #BSMT

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	0		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1658I**

Amount of Each Disbursement this Period

3258.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BOSLER, LAUREN, , ,**

Mailing Address 650 E STREET #BSMT

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				0	9		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1658I**

Amount of Each Disbursement this Period

3060.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COPENHAVER, MARIANNE, , ,**

Mailing Address P.O. BOX 72598

City  
NEWPORTState  
KYZip Code  
41072Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	8		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1657I**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9318.68

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 309 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. COPENHAVER, MARIANNE, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2017

Mailing Address P.O. BOX 72598

City  
NEWPORTState  
KYZip Code  
41072Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1657'

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COPENHAVER, MARIANNE, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2017

Mailing Address P.O. BOX 72598

City  
NEWPORTState  
KYZip Code  
41072Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I16572

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DUSTIN, MARGARET, EVANS, MRS.,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2017

Mailing Address 305 5TH AVE S  
STE 206City  
NAPLESState  
FLZip Code  
34102-6518Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.74811

Amount of Each Disbursement this Period

1035.01

FOOD/BEVERAGE/GOLF FEES

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7035.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 310 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. GOR, SERGIO, , ,**

Mailing Address 104 S COLUMBUS STREET

City  
ARLINGTONState  
VAZip Code  
22204Purpose of Disbursement  
EXPENSE REIMBURSEMENT - SEE MEMOS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	3			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1657**

Amount of Each Disbursement this Period

 1664.83☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOR, SERGIO, , ,**

Mailing Address 104 S COLUMBUS STREET

City  
ARLINGTONState  
VAZip Code  
22204Purpose of Disbursement  
EXPENSE REIMBURSEMENT - SEE MEMOS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I16574**

Amount of Each Disbursement this Period

 4052.86☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOR, SERGIO, , ,**

Mailing Address 104 S COLUMBUS STREET

City  
ARLINGTONState  
VAZip Code  
22204Purpose of Disbursement  
EXPENSE REIMBURSEMENT - SEE MEMOS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1657**

Amount of Each Disbursement this Period

 3970.17☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 9687.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 311 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VERIZON WIRELESS**

Mailing Address P.O. BOX 25505

City  
LEHIGH VALLEYState  
PAZip Code  
18002-1025Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16961**

Amount of Each Disbursement this Period

205.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOR, SERGIO, , ,**

Mailing Address 104 S COLUMBUS STREET

City  
ARLINGTONState  
VAZip Code  
22204Purpose of Disbursement  
EXPENSE REIMBURSEMENT - SEE MEMOS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16577**

Amount of Each Disbursement this Period

2734.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOPPER, DEBORAH, , ,**

Mailing Address 340 SUMMIT RD

City  
FENTONState  
MOZip Code  
63026Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1656**

Amount of Each Disbursement this Period

4080.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6814.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 312 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. NAJAFI, F., FRANCIS, ,**Mailing Address 3200 E CAMELBACK RD  
STE 295City  
PHOENIXState  
AZZip Code  
85018-2343Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2017

FEC Identification Number

**C****Transaction ID : SB21B.74191**

Amount of Each Disbursement this Period

2770.85

FOOD/BEVERAGE

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NOSRATI, OSCAR, , ,**

Mailing Address 7 GREENBAY CIR

City  
HOUSTONState  
TXZip Code  
77024-6752Purpose of Disbursement  
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.74069**

Amount of Each Disbursement this Period

855.74

FOOD/BEVERAGE

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STAFFORD, DOUGLASS, , ,**

Mailing Address 13749 PIEDMONT VISTA DRIVE

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
EXPENSE REIMBURSEMENT - SEE MEMOS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1657**

Amount of Each Disbursement this Period

759.88

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4386.47



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 313 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. AMAZON**

Mailing Address 440 TERRY AVE N

City  
SEATTLEState  
WAZip Code  
98109-5210Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1696!**

Amount of Each Disbursement this Period

759.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. STAFFORD, DOUGLASS, , ,**

Mailing Address 13749 PIEDMONT VISTA DRIVE

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16582**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STAFFORD, DOUGLASS, , ,**

Mailing Address 13749 PIEDMONT VISTA DRIVE

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	6			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1658**

Amount of Each Disbursement this Period

12000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 314 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STAFFORD, DOUGLASS, , ,**

Mailing Address 13749 PIEDMONT VISTA DRIVE

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1658**

Amount of Each Disbursement this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STAFFORD, DOUGLASS, , ,**

Mailing Address 13749 PIEDMONT VISTA DRIVE

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1658**

Amount of Each Disbursement this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STAFFORD, DOUGLASS, , ,**

Mailing Address 13749 PIEDMONT VISTA DRIVE

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1658**

Amount of Each Disbursement this Period

12000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

36000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 315 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STAFFORD, DOUGLASS, , ,**

Mailing Address 13749 PIEDMONT VISTA DRIVE

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1658**

Amount of Each Disbursement this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STAFFORD, DOUGLASS, , ,**

Mailing Address 13749 PIEDMONT VISTA DRIVE

City  
HAYMARKETState  
VAZip Code  
20169Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1658**

Amount of Each Disbursement this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ARW CONSULTING, LLC**

Mailing Address 820 MONROE AVENUE, NW, #326

City  
GRAND RAPIDSState  
MIZip Code  
49503Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1682**

Amount of Each Disbursement this Period

8179.21

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32179.21

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 316 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BROGHAMER CONSULTING LLC**

Mailing Address 411 WALNUT STREET PMB 300

City  
GREEN COVE SPRINGSState  
FLZip Code  
32043Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1662I**

Amount of Each Disbursement this Period

1512.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BROGHAMER CONSULTING LLC**

Mailing Address 411 WALNUT STREET PMB 300

City  
GREEN COVE SPRINGSState  
FLZip Code  
32043Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1662I**

Amount of Each Disbursement this Period

1786.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BROGHAMER CONSULTING LLC**

Mailing Address 411 WALNUT STREET PMB 300

City  
GREEN COVE SPRINGSState  
FLZip Code  
32043Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1662I**

Amount of Each Disbursement this Period

1513.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4812.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 317 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BROGHAMER CONSULTING LLC**

Mailing Address 411 WALNUT STREET PMB 300

City  
GREEN COVE SPRINGSState  
FLZip Code  
32043Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1662**

Amount of Each Disbursement this Period

2937.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BROGHAMER CONSULTING LLC**

Mailing Address 411 WALNUT STREET PMB 300

City  
GREEN COVE SPRINGSState  
FLZip Code  
32043Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1662**

Amount of Each Disbursement this Period

3175.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BROGHAMER CONSULTING LLC**

Mailing Address 411 WALNUT STREET PMB 300

City  
GREEN COVE SPRINGSState  
FLZip Code  
32043Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1662**

Amount of Each Disbursement this Period

2541.42

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8655.21

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 318 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BROGHAMER CONSULTING LLC**

Mailing Address 411 WALNUT STREET PMB 300

City  
GREEN COVE SPRINGSState  
FLZip Code  
32043Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1662I**

Amount of Each Disbursement this Period

2544.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CANDO POLITICS**

Mailing Address 20 W 11TH ST STE 200

City  
COVINGTONState  
KYZip Code  
41011-4112Purpose of Disbursement  
WEBSITE DEVELOPMENT/CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1685I**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPLIN & DRYSDALE**

Mailing Address 1 THOMAS CIRCLE NW, SUITE 1100

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		16		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1682I**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12544.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 319 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CAPLIN & DRYSDALE**

Mailing Address 1 THOMAS CIRCLE NW, SUITE 1100

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1682**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPLIN & DRYSDALE**

Mailing Address 1 THOMAS CIRCLE NW, SUITE 1100

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1682**

Amount of Each Disbursement this Period

5037.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1658**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10087.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 320 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1659I**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1659I**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1659I**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 321 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1659**

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16594**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1659**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

54.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 322 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1659I**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1659I**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1659I**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 323 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2017

FEC Identification Number

C

Transaction ID : SB21B.I1659

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2017

FEC Identification Number

C

Transaction ID : SB21B.I1660

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

FEC Identification Number

C

Transaction ID : SB21B.I1660

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

79.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 324 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

FEC Identification Number

**C** **Transaction ID : SB21B.I1660**

Amount of Each Disbursement this Period

 25.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2017

FEC Identification Number

**C** **Transaction ID : SB21B.I1660**

Amount of Each Disbursement this Period

 4.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

FEC Identification Number

**C** **Transaction ID : SB21B.I1660**

Amount of Each Disbursement this Period

 25.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 54.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 325 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1660!**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1660!**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1660!**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 326 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	0		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I16601

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	7		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I16601

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				2	4		2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1661

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

44.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 327 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2017

FEC Identification Number

C

Transaction ID : SB21B.I1661'

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2017

FEC Identification Number

C

Transaction ID : SB21B.I16612

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

FEC Identification Number

C

Transaction ID : SB21B.I1661

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 328 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16614**

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHASE BANK**

Mailing Address 924 BROADWAY AVE., #KY3-1000

City  
BOWLING GREENState  
KYZip Code  
42101-2566Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16615**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD, STE 400

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
COMPLIANCE SOFTWARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1662**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

279.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 329 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD, STE 400

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
COMPLIANCE SOFTWARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2017

FEC Identification Number

**C****Transaction ID : SB21B.I1662**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL RD, STE 400

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
COMPLIANCE SOFTWARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2017

FEC Identification Number

**C****Transaction ID : SB21B.I1662**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL RD, STE 400

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
COMPLIANCE SOFTWARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2017

FEC Identification Number

**C****Transaction ID : SB21B.I1663**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 330 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

Mailing Address 1593 SPRING HILL RD, STE 400

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
COMPLIANCE SOFTWARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.I1663'**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

Mailing Address 1593 SPRING HILL RD, STE 400

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
COMPLIANCE SOFTWARE

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.I16632**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DIGITAL COMMUNICATIONS LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

Mailing Address 101 WASHINGTON ST

City  
FREDERICKSBURGState  
VAZip Code  
22405Purpose of Disbursement  
LIST RENTAL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.I1683**

Amount of Each Disbursement this Period

9468.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9968.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DIGITAL COMMUNICATIONS LLC**

Mailing Address 101 WASHINGTON ST

City  
FREDERICKSBURGState  
VAZip Code  
22405Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1683'**

Amount of Each Disbursement this Period

24519.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIGITAL COMMUNICATIONS LLC**

Mailing Address 101 WASHINGTON ST

City  
FREDERICKSBURGState  
VAZip Code  
22405Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16832**

Amount of Each Disbursement this Period

10444.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EMMA, INC.**

Mailing Address 75 REMITTANCE DRIVE, SUITE 6222

City  
CHICAGOState  
ILZip Code  
60675Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	0			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1684**

Amount of Each Disbursement this Period

1686.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

36649.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. EMMA, INC.**

Mailing Address 75 REMITTANCE DRIVE, SUITE 6222

City  
CHICAGOState  
ILZip Code  
60675Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1684**

Amount of Each Disbursement this Period

3372.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EMMA, INC.**

Mailing Address 75 REMITTANCE DRIVE, SUITE 6222

City  
CHICAGOState  
ILZip Code  
60675Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1685**

Amount of Each Disbursement this Period

1686.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST BANKCARD**

Mailing Address P.O. BOX 2818

City  
OMAHAState  
NEZip Code  
68103-2818Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1681**

Amount of Each Disbursement this Period

800.03

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5858.03

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BISTRO BIS**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	7		

Mailing Address 15 E ST NW

FEC Identification Number

**C****Transaction ID : SB21B.I1686**

Amount of Each Disbursement this Period

32.00

☒ Memo ItemCity  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. DIRKSEN NORTH**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	7		

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

FEC Identification Number

**C****Transaction ID : SB21B.I1686**

Amount of Each Disbursement this Period

27.67

☒ Memo ItemCity  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. DIRKSEN NORTH**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	7		

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

FEC Identification Number

**C****Transaction ID : SB21B.I1686**

Amount of Each Disbursement this Period

13.30

☒ Memo ItemCity  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DIRKSEN NORTH**

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1686I**

Amount of Each Disbursement this Period

15.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRKSEN NORTH**

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1687C**

Amount of Each Disbursement this Period

18.30

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST BANKCARD**

Mailing Address P.O. BOX 2818

City  
OMAHAState  
NEZip Code  
68103-2818Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1685**

Amount of Each Disbursement this Period

39.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SENATE GIFT SHOP**

Mailing Address DIRKSEN SENATE OFFICE BLDG SD-G42

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1686**

Amount of Each Disbursement this Period

 46.50☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SENATE GIFT SHOP**

Mailing Address DIRKSEN SENATE OFFICE BLDG SD-G42

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1686**

Amount of Each Disbursement this Period

 161.00☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SENATE GIFT SHOP**

Mailing Address DIRKSEN SENATE OFFICE BLDG SD-G42

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1686**

Amount of Each Disbursement this Period

 186.00☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 336 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FIRST BANKCARD**

Mailing Address P.O. BOX 2818

City  
OMAHAState  
NEZip Code  
68103-2818Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		16		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1681**

Amount of Each Disbursement this Period

430.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRKSEN NORTH**

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		16		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16874**

Amount of Each Disbursement this Period

15.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST BANKCARD**

Mailing Address P.O. BOX 2818

City  
OMAHAState  
NEZip Code  
68103-2818Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1681**

Amount of Each Disbursement this Period

4007.42

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4437.73



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 337 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BISTRO BIS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

Mailing Address 15 E ST NW

FEC Identification Number

**C****Transaction ID : SB21B.I1689**

Amount of Each Disbursement this Period

162.00

☒ Memo ItemCity  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
FOOD/BEVERAGECategory/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. DIRKSEN NORTH**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

FEC Identification Number

**C****Transaction ID : SB21B.I1689**

Amount of Each Disbursement this Period

6.53

☒ Memo ItemCity  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIESCategory/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. DIRKSEN NORTH**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

FEC Identification Number

**C****Transaction ID : SB21B.I1689**

Amount of Each Disbursement this Period

12.36

☒ Memo ItemCity  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIESCategory/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 338 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DIRKSEN NORTH**

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16891**

Amount of Each Disbursement this Period

15.73

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. EMMA, INC.**

Mailing Address 75 REMITTANCE DRIVE, SUITE 6222

City  
CHICAGOState  
ILZip Code  
60675Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16894**

Amount of Each Disbursement this Period

3681.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST BANKCARD**

Mailing Address P.O. BOX 2818

City  
OMAHAState  
NEZip Code  
68103-2818Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1681**

Amount of Each Disbursement this Period

1803.42

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1803.42

<b>X</b>	21b		22		23		26		27
	28a		28b		28c		29		30b

## REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE

### A. KINDFUL

Zip Code  
37211

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

 Memo Item

B. MARRIOTT

Zip Code  
20817-1102

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

**X** Memo Item

### C. FIRST BANKCARD

Zip Code  
68103-2818

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Memo Item

2749.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 340 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

City  
FORT WORTHState  
TXZip Code  
76155-2605Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1691**  
Amount of Each Disbursement this Period

60.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BISTRO BIS**

Mailing Address 15 E ST NW

City  
WASHINGTONState  
DCZip Code  
20001Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1691**  
Amount of Each Disbursement this Period

40.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAFE SAPORI**

Mailing Address 205 SOUTHERN BLVD

City  
WEST PALM BEACHState  
FLZip Code  
33405Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1691**  
Amount of Each Disbursement this Period

861.88

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DIRKSEN NORTH**

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16901**

Amount of Each Disbursement this Period

17.10

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRKSEN NORTH**

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16912**

Amount of Each Disbursement this Period

19.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DIRKSEN NORTH**

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1692**

Amount of Each Disbursement this Period

17.39

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. KINDFUL**

Mailing Address 782 MELROSE AVE.

City  
NASHVILLEState  
TNZip Code  
37211Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16911**

Amount of Each Disbursement this Period

750.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KINDFUL**

Mailing Address 782 MELROSE AVE.

City  
NASHVILLEState  
TNZip Code  
37211Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16911**

Amount of Each Disbursement this Period

900.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST BANKCARD**

Mailing Address P.O. BOX 2818

City  
OMAHAState  
NEZip Code  
68103-2818Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1681**

Amount of Each Disbursement this Period

1537.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1537.22

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

City  
FORT WORTHState  
TXZip Code  
76155-2605Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16921**

Amount of Each Disbursement this Period

475.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. KINDFUL**

Mailing Address 782 MELROSE AVE.

City  
NASHVILLEState  
TNZip Code  
37211Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16927**

Amount of Each Disbursement this Period

750.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST BANKCARD**

Mailing Address P.O. BOX 2818

City  
OMAHAState  
NEZip Code  
68103-2818Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1681**

Amount of Each Disbursement this Period

5241.12

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5241.12
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

City  
FORT WORTHState  
TXZip Code  
76155-2605Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1695**

Amount of Each Disbursement this Period

254.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

City  
FORT WORTHState  
TXZip Code  
76155-2605Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1695**

Amount of Each Disbursement this Period

266.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BLT PRIME**

Mailing Address 1100 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1695**

Amount of Each Disbursement this Period

350.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CAFE BERLIN**

Mailing Address 322 MASSACHUSETTS AVENUE NE

City  
WASHINGTONState  
DCZip Code  
20002-5702Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1693!**

Amount of Each Disbursement this Period

412.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. CARMINE'S**

Mailing Address 425 7TH ST NW

City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16943**

Amount of Each Disbursement this Period

746.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. DIRKSEN NORTH**

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1693**

Amount of Each Disbursement this Period

27.14

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 346 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DIRKSEN NORTH**

Mailing Address DIRKSEN SENATE, OFFICE BUILDING

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1694**

Amount of Each Disbursement this Period

 19.74☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. EMERIL'S**

Mailing Address 800 TCHOUPITOU LAS ST

City  
NEW ORLEANSState  
LAZip Code  
70130Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1695**

Amount of Each Disbursement this Period

 350.00☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. KINDFUL**

Mailing Address 782 MELROSE AVE.

City  
NASHVILLEState  
TNZip Code  
37211Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1695**

Amount of Each Disbursement this Period

 750.00☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ► 0.00**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SENATE GIFT SHOP**

Mailing Address DIRKSEN SENATE OFFICE BLDG SD-G42

City  
WASHINGTONState  
DCZip Code  
20510Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1694**

Amount of Each Disbursement this Period

1028.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. US POSTAL SERVICE**

Mailing Address 475 LENFANT PLAZA

City  
WASHINGTONState  
DCZip Code  
20024Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16934**

Amount of Each Disbursement this Period

12.04

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. US POSTAL SERVICE**

Mailing Address 475 LENFANT PLAZA

City  
WASHINGTONState  
DCZip Code  
20024Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1694**

Amount of Each Disbursement this Period

23.75

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 348 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. US POSTAL SERVICE**

Mailing Address 475 LENFANT PLAZA

City  
WASHINGTONState  
DCZip Code  
20024Purpose of Disbursement  
POSTAGE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16951**

Amount of Each Disbursement this Period

8.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. US POSTAL SERVICE**

Mailing Address 475 LENFANT PLAZA

City  
WASHINGTONState  
DCZip Code  
20024Purpose of Disbursement  
POSTAGE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16957**

Amount of Each Disbursement this Period

7.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTEGRATED SOLUTIONS POLITICAL**

Mailing Address 4142 ADAMS AVENUE SUITE 103-550

City  
SAN DIEGOState  
CAZip Code  
92116Purpose of Disbursement  
SOFTWARE

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	8			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1684**

Amount of Each Disbursement this Period

3908.57

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3	9	0	8	.	5	7
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 349 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MAIN EVENT CATERERS**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	7		

Mailing Address 3870 S FOUR MILE RUN DRIVE

City  
ARLINGTONState  
VAZip Code  
22206Purpose of Disbursement  
CATERING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1661**

Amount of Each Disbursement this Period

659.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MERKLE RESPONSE SERVICES, INC.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	1	7		

Mailing Address 100 JAMISON COURT

City  
HAGERSTOWNState  
MDZip Code  
21740-5185Purpose of Disbursement  
DATA ENTRY SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1681**

Amount of Each Disbursement this Period

90.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MERKLE RESPONSE SERVICES, INC.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	7		

Mailing Address 100 JAMISON COURT

City  
HAGERSTOWNState  
MDZip Code  
21740-5185Purpose of Disbursement  
DATA ENTRY SERVICE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1682**

Amount of Each Disbursement this Period

1929.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2679.33

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MERKLE RESPONSE SERVICES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		03		2017

Mailing Address 100 JAMISON COURT

City  
HAGERSTOWNState  
MDZip Code  
21740-5185Purpose of Disbursement  
DATA ENTRY SERVICE

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1682'

Amount of Each Disbursement this Period

927.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MERKLE RESPONSE SERVICES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2017

Mailing Address 100 JAMISON COURT

City  
HAGERSTOWNState  
MDZip Code  
21740-5185Purpose of Disbursement  
DATA ENTRY SERVICE

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I16822

Amount of Each Disbursement this Period

942.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MERKLE RESPONSE SERVICES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2017

Mailing Address 100 JAMISON COURT

City  
HAGERSTOWNState  
MDZip Code  
21740-5185Purpose of Disbursement  
DATA ENTRY SERVICE

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1682

Amount of Each Disbursement this Period

45.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1915.73

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PARK AVENUE ASSETS LLC**

Mailing Address 1173A 2ND AVENUE #381

City  
NEW YORKState  
NYZip Code  
10065Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1682!**

Amount of Each Disbursement this Period

4550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PRIMARY DATA SOLUTIONS**

Mailing Address 6983 CONSERVATION DR.

City  
SPRINGFIELDState  
VAZip Code  
22153-1015Purpose of Disbursement  
DATA SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16824**

Amount of Each Disbursement this Period

5290.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1663**

Amount of Each Disbursement this Period

1.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9841.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	5		2	0	1	7		

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.I1663

Amount of Each Disbursement this Period

1.75

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	6		2	0	1	7		

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.I1663

Amount of Each Disbursement this Period

3.97

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	6		2	0	1	7		

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.I1663

Amount of Each Disbursement this Period

18.31

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

24.03

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 353 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	9		2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1663i**

Amount of Each Disbursement this Period

 22.44☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	9		2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1663i**

Amount of Each Disbursement this Period

 7.64☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	0		2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1663**

Amount of Each Disbursement this Period

 12.43☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 42.51

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 354 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I16641**

Amount of Each Disbursement this Period

 7.24☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	2		2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I16641**

Amount of Each Disbursement this Period

 4.69☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	8		2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I16641**

Amount of Each Disbursement this Period

 4.23☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 16.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 355 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	6		2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1664**

Amount of Each Disbursement this Period

 139.55☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	7		2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1664**

Amount of Each Disbursement this Period

 14.23☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	7		2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1664**

Amount of Each Disbursement this Period

 129.72☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 283.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 356 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1664I**

Amount of Each Disbursement this Period

 3.53☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1664I**

Amount of Each Disbursement this Period

 0.88☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1664I**

Amount of Each Disbursement this Period

 0.88☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 5.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 357 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1664**

Amount of Each Disbursement this Period

13.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1665**

Amount of Each Disbursement this Period

409.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1665**

Amount of Each Disbursement this Period

103.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

526.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 358 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2017

FEC Identification Number

**C** **Transaction ID : SB21B.I1665**

Amount of Each Disbursement this Period

 30.72☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2017

FEC Identification Number

**C** **Transaction ID : SB21B.I1665**

Amount of Each Disbursement this Period

 10.54☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

FEC Identification Number

**C** **Transaction ID : SB21B.I1665**

Amount of Each Disbursement this Period

 138.67☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 179.93

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 359 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1665!**

Amount of Each Disbursement this Period

111.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1665!**

Amount of Each Disbursement this Period

18.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1665**

Amount of Each Disbursement this Period

45.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 360 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1665I**

Amount of Each Disbursement this Period

223.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1665I**

Amount of Each Disbursement this Period

37.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1666**

Amount of Each Disbursement this Period

333.02

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

593.67



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 361 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	1	7		

FEC Identification Number

**C** 

Transaction ID : SB21B.I1666'

Amount of Each Disbursement this Period

 72.71☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	7			2	0	1	7		

FEC Identification Number

**C** 

Transaction ID : SB21B.I16662

Amount of Each Disbursement this Period

 13.27☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	7			2	0	1	7		

FEC Identification Number

**C** 

Transaction ID : SB21B.I1666

Amount of Each Disbursement this Period

 9.09☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 95.07

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 362 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1666**

Amount of Each Disbursement this Period

462.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1666**

Amount of Each Disbursement this Period

81.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1666**

Amount of Each Disbursement this Period

46.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

591.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 363 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2017

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

FEC Identification Number

**C** **Transaction ID : SB21B.I1666**

Amount of Each Disbursement this Period

 118.89☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2017

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

FEC Identification Number

**C** **Transaction ID : SB21B.I1666**

Amount of Each Disbursement this Period

 174.03☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

FEC Identification Number

**C** **Transaction ID : SB21B.I1666**

Amount of Each Disbursement this Period

 5.29☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ► 298.21**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 364 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

FEC Identification Number

**C** **Transaction ID : SB21B.I16671**

Amount of Each Disbursement this Period

 283.03☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

FEC Identification Number

**C** **Transaction ID : SB21B.I16671**

Amount of Each Disbursement this Period

 14.18☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2017

FEC Identification Number

**C** **Transaction ID : SB21B.I1667**

Amount of Each Disbursement this Period

 201.02☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 498.23

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 365 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1667**

Amount of Each Disbursement this Period

8.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1667**

Amount of Each Disbursement this Period

113.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1667**

Amount of Each Disbursement this Period

41.62

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

163.18

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 366 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1667**

Amount of Each Disbursement this Period

546.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1667**

Amount of Each Disbursement this Period

246.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1667**

Amount of Each Disbursement this Period

126.42

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

919.47

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 367 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	6			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1667**

Amount of Each Disbursement this Period

303.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1668**

Amount of Each Disbursement this Period

38.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1668**

Amount of Each Disbursement this Period

19.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

361.32

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 368 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2017

FEC Identification Number

**C** **Transaction ID : SB21B.I1668**

Amount of Each Disbursement this Period

 157.58☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

FEC Identification Number

**C** **Transaction ID : SB21B.I1668**

Amount of Each Disbursement this Period

 95.48☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

FEC Identification Number

**C** **Transaction ID : SB21B.I1668**

Amount of Each Disbursement this Period

 773.72☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 1026.78



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 369 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	3			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1668!**

Amount of Each Disbursement this Period

 51.18☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	3			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1668!**

Amount of Each Disbursement this Period

 515.29☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	4			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1668**

Amount of Each Disbursement this Period

 25.66☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 592.13

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 370 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1668**

Amount of Each Disbursement this Period

9.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	6			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1668**

Amount of Each Disbursement this Period

575.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1669**

Amount of Each Disbursement this Period

71.18

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

655.61

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 371 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2017

FEC Identification Number

**C****Transaction ID : SB21B.I1669'**

Amount of Each Disbursement this Period

234.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2017

FEC Identification Number

**C****Transaction ID : SB21B.I16692**

Amount of Each Disbursement this Period

187.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2017

FEC Identification Number

**C****Transaction ID : SB21B.I1669**

Amount of Each Disbursement this Period

91.08

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

512.72

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 372 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1669**

Amount of Each Disbursement this Period

266.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	2			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1669**

Amount of Each Disbursement this Period

220.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1669**

Amount of Each Disbursement this Period

135.08

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

622.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 373 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1669**

Amount of Each Disbursement this Period

224.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1669**

Amount of Each Disbursement this Period

450.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1669**

Amount of Each Disbursement this Period

356.03

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1031.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 374 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16701**

Amount of Each Disbursement this Period

90.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16701**

Amount of Each Disbursement this Period

39.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16701**

Amount of Each Disbursement this Period

200.83

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

330.39

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1670**

Amount of Each Disbursement this Period

69.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16704**

Amount of Each Disbursement this Period

59.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1670**

Amount of Each Disbursement this Period

252.89

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

382.27

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	3			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1670I**

Amount of Each Disbursement this Period

 160.34☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	3			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1670I**

Amount of Each Disbursement this Period

 239.38☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1670I**

Amount of Each Disbursement this Period

 11.97☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 411.69



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2017

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1670

Amount of Each Disbursement this Period

194.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1671

Amount of Each Disbursement this Period

300.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I1671

Amount of Each Disbursement this Period

60.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

556.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I16711**

Amount of Each Disbursement this Period

 190.44☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I16713**

Amount of Each Disbursement this Period

 29.16☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1671**

Amount of Each Disbursement this Period

 6.05☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 225.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 379 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				1	1					2	0	1

FEC Identification Number

**C****Transaction ID : SB21B.I1671!**

Amount of Each Disbursement this Period

2.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				1	2					2	0	1

FEC Identification Number

**C****Transaction ID : SB21B.I1671!**

Amount of Each Disbursement this Period

4.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				1	3					2	0	1

FEC Identification Number

**C****Transaction ID : SB21B.I1671**

Amount of Each Disbursement this Period

22.74

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

29.02

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 380 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16711**

Amount of Each Disbursement this Period

0.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16711**

Amount of Each Disbursement this Period

3.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1672**

Amount of Each Disbursement this Period

198.54

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

203.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 381 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	8			2	0	1	7		

FEC Identification Number

**C** 

Transaction ID : SB21B.I1672'

Amount of Each Disbursement this Period

 74.98☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	9			2	0	1	7		

FEC Identification Number

**C** 

Transaction ID : SB21B.I16722

Amount of Each Disbursement this Period

 63.03☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	7		

FEC Identification Number

**C** 

Transaction ID : SB21B.I1672

Amount of Each Disbursement this Period

 62.03☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 200.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1672**

Amount of Each Disbursement this Period

213.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16725**

Amount of Each Disbursement this Period

189.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1672**

Amount of Each Disbursement this Period

54.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

457.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1672**

Amount of Each Disbursement this Period

 145.11☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1672**

Amount of Each Disbursement this Period

 8.98☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1672**

Amount of Each Disbursement this Period

 111.05☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 265.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1673I**

Amount of Each Disbursement this Period

26.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1673I**

Amount of Each Disbursement this Period

76.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1673I**

Amount of Each Disbursement this Period

1.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

104.17



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1673**

Amount of Each Disbursement this Period

3.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16734**

Amount of Each Disbursement this Period

2.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1673**

Amount of Each Disbursement this Period

44.93

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

50.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	4				3	0					2	0	1	7

FEC Identification Number

**C****Transaction ID : SB21B.I1673I**

Amount of Each Disbursement this Period

63.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	5				0	1					2	0	1	7

FEC Identification Number

**C****Transaction ID : SB21B.I1673I**

Amount of Each Disbursement this Period

1.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	5				0	4					2	0	1	7

FEC Identification Number

**C****Transaction ID : SB21B.I1673I**

Amount of Each Disbursement this Period

40.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 387 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1673!**

Amount of Each Disbursement this Period

1.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1674C**

Amount of Each Disbursement this Period

229.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1674**

Amount of Each Disbursement this Period

1.48

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

232.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I16743**

Amount of Each Disbursement this Period

 9.69☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	9			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I16743**

Amount of Each Disbursement this Period

 1.45☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	1			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1674**

Amount of Each Disbursement this Period

 1.30☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 12.44

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 389 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	2			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1674!**

Amount of Each Disbursement this Period

4.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	2			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1674!**

Amount of Each Disbursement this Period

0.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1674**

Amount of Each Disbursement this Period

3.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 390 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	1	7		

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB21B.I1674**

Amount of Each Disbursement this Period

37.15

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	7			2	0	1	7		

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB21B.I1674**

Amount of Each Disbursement this Period

30.04

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9			2	0	1	7		

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

FEC Identification Number

**C****Transaction ID : SB21B.I1675**

Amount of Each Disbursement this Period

15.46

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

82.65

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 391 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	9			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1675'**

Amount of Each Disbursement this Period

163.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16752**

Amount of Each Disbursement this Period

45.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1675**

Amount of Each Disbursement this Period

49.06

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

257.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 392 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1675**

Amount of Each Disbursement this Period

72.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	4			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1675**

Amount of Each Disbursement this Period

7.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1675**

Amount of Each Disbursement this Period

301.09

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

381.47



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	6			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1675i**

Amount of Each Disbursement this Period

 384.47☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	6			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1675i**

Amount of Each Disbursement this Period

 78.45☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1675i**

Amount of Each Disbursement this Period

 7.79☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 470.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 394 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1676I**

Amount of Each Disbursement this Period

72.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1676I**

Amount of Each Disbursement this Period

72.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1676I**

Amount of Each Disbursement this Period

8.16

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

153.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 395 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1676**

Amount of Each Disbursement this Period

 0.59☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1676**

Amount of Each Disbursement this Period

 737.12☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1676**

Amount of Each Disbursement this Period

 23.58☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 761.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 396 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1676I**

Amount of Each Disbursement this Period

 6.46☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1676I**

Amount of Each Disbursement this Period

 16.77☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1676I**

Amount of Each Disbursement this Period

 2.94☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 26.17

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 397 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		07		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1676**

Amount of Each Disbursement this Period

39.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1677**

Amount of Each Disbursement this Period

26.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1677**

Amount of Each Disbursement this Period

3.66

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

69.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 398 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16773**

Amount of Each Disbursement this Period

2.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				1	2		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16773**

Amount of Each Disbursement this Period

1.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				1	3		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16773**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18.09

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 399 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1677!**

Amount of Each Disbursement this Period

 23.50☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1677!**

Amount of Each Disbursement this Period

 29.30☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1677**

Amount of Each Disbursement this Period

 14.80☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 67.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 400 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16771**

Amount of Each Disbursement this Period

0.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2017

FEC Identification Number

**C****Transaction ID : SB21B.I16771**

Amount of Each Disbursement this Period

0.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2017

FEC Identification Number

**C****Transaction ID : SB21B.I1678**

Amount of Each Disbursement this Period

0.88

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2.21



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 401 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1678'**

Amount of Each Disbursement this Period

1.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16782**

Amount of Each Disbursement this Period

3.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1678**

Amount of Each Disbursement this Period

1.03

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 402 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				3	0		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1678**

Amount of Each Disbursement this Period

0.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				0	6		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1679**

Amount of Each Disbursement this Period

0.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				0	9		2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1679**

Amount of Each Disbursement this Period

44.48

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.69

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 403 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

FEC Identification Number

**C****Transaction ID : SB21B.I1679**

Amount of Each Disbursement this Period

21.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2017

FEC Identification Number

**C****Transaction ID : SB21B.I1679**

Amount of Each Disbursement this Period

34.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2017

FEC Identification Number

**C****Transaction ID : SB21B.I1680**

Amount of Each Disbursement this Period

117.27

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

173.20

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 404 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2017

FEC Identification Number

**C****Transaction ID : SB21B.I1680'**

Amount of Each Disbursement this Period

14.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

FEC Identification Number

**C****Transaction ID : SB21B.I16802**

Amount of Each Disbursement this Period

2.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2017

FEC Identification Number

**C****Transaction ID : SB21B.I1680**

Amount of Each Disbursement this Period

2.06

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 405 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1680

Amount of Each Disbursement this Period

118.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	2			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1680

Amount of Each Disbursement this Period

28.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1680

Amount of Each Disbursement this Period

10.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

157.54

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 406 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1680**

Amount of Each Disbursement this Period

 129.16☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1680**

Amount of Each Disbursement this Period

 197.95☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	1	7		

FEC Identification Number

**C** **Transaction ID : SB21B.I1680**

Amount of Each Disbursement this Period

 44.42☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 371.53

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 407 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16811**

Amount of Each Disbursement this Period

199.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 140 2ND STREET

City  
SAN FRANCISCOState  
CAZip Code  
94105-3727Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I16811**

Amount of Each Disbursement this Period

184.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US POSTAL SERVICE**

Mailing Address 475 LENFANT PLAZA

City  
WASHINGTONState  
DCZip Code  
20024Purpose of Disbursement  
P.O. BOX RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	1	7		

FEC Identification Number

**C****Transaction ID : SB21B.I1683**

Amount of Each Disbursement this Period

198.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

581.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 408 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. US POSTAL SERVICE**

Mailing Address 475 LENFANT PLAZA

City  
WASHINGTONState  
DCZip Code  
20024Purpose of Disbursement  
P.O. BOX RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1683

Amount of Each Disbursement this Period

620.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US POSTAL SERVICE**

Mailing Address 475 LENFANT PLAZA

City  
WASHINGTONState  
DCZip Code  
20024Purpose of Disbursement  
P.O. BOX RENTAL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I16852

Amount of Each Disbursement this Period

620.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. VICTORY ENTERPRISES, INC.**

Mailing Address 5200 SW 30TH ST.

City  
DAVENPORTState  
IAZip Code  
52802Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	1	7		

FEC Identification Number

C

Transaction ID : SB21B.I1683

Amount of Each Disbursement this Period

6192.41

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7432.41



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 409 OF 416

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. VICTORY ENTERPRISES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2017

Mailing Address 5200 SW 30TH ST.

City  
DAVENPORTState  
IAZip Code  
52802Purpose of Disbursement  
PRINTING/POSTAGE

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.I1683I**

Amount of Each Disbursement this Period

7010.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7010.09

289937.92

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 410 OF 416

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FREEDOM FOR ALL AMERICANS**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06		27		2017

Mailing Address 824 S. MILLEDGE AVE. STE. 101

City  
ATHENSState  
GAZip Code  
30605Purpose of Disbursement  
TRANSFER TO AFFILIATED COMMITTEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C** C00575449**Transaction ID : SB22.I16568**

Amount of Each Disbursement this Period

40000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40000.00

40000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 411 OF 416

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ANDY HARRIS FOR CONGRESS**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	7		

Mailing Address PO BOX 426

City  
STEVENSVILLEState  
MDZip Code  
21666Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**HARRIS, ANDREW , P , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 01

Category/  
Type

FEC Identification Number

**C** C00435974**Transaction ID : SB23.I16552**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BIGGS FOR CONGRESS**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	7		

Mailing Address 10612 S GREENFIELD RD

City  
GILBERTState  
AZZip Code  
85234Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**BIGGS, ANDY , , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 05

Category/  
Type

FEC Identification Number

**C** C00610451**Transaction ID : SB23.I16566**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BLUM FOR CONGRESS**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	7		

Mailing Address 2728 ASBURY ROAD SUITE 400  
SUITE 400City  
DUBUQUEState  
IAZip Code  
52001Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**BLUM, RODNEY, LELAND , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 01

Category/  
Type

FEC Identification Number

**C** C00543926**Transaction ID : SB23.I16553**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 412 OF 416

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BUCK FOR COLORADO**

Mailing Address PO BOX 338018

City  
GREELEYState  
COZip Code  
80633Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**BUCK, KENNETH , R ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

FEC Identification Number

**C** C00573378**Transaction ID : SB23.I16554**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DAVIDSON FOR CONGRESS**

Mailing Address 1790 GREENBRIAR DR

City  
TROYState  
OHZip Code  
45373Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**DAVIDSON, WARREN, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

FEC Identification Number

**C** C00600718**Transaction ID : SB23.I16555**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ERIC BRAKEY FOR US SENATE**

Mailing Address 146 PLEASANT STREET

City  
AUBURNState  
MEZip Code  
04210Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**BRAKEY, ERIC, , ,**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

FEC Identification Number

**C** C00637207**Transaction ID : SB23.I16567**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 413 OF 416

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DAVE BRAT INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

Mailing Address PO BOX 5094

City  
GLEN ALLENState  
VAZip Code  
23058Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**BRAT, DAVID, ALAN, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Category/  
Type

FEC Identification Number

**C** C00554949**Transaction ID : SB23.I16556**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SCOTT DESJARLAIS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

Mailing Address 639 SWEETENS COVE ROAD

City  
SOUTH PITTState  
TNZip Code  
37380Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**DESJARLAIS, SCOTT, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 04

Category/  
Type

FEC Identification Number

**C** C00464073**Transaction ID : SB23.I16557**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JEFF DUNCAN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

Mailing Address PO BOX 845

City  
LAURENSState  
SCZip Code  
29360Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**DUNCAN, JEFFREY, D, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 03

Category/  
Type

FEC Identification Number

**C** C00460550**Transaction ID : SB23.I16558**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 414 OF 416

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JODY HICE FOR CONGRESS**

Mailing Address PO BOX 586

City  
MONROEState  
GAZip Code  
30655Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**HICE, JODY , , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2017

FEC Identification Number

**C** C00544445**Transaction ID : SB23.I16565**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JUSTIN AMASH FOR CONGRESS**

Mailing Address 1500 E BELTLINE AVE SE STE 250

City  
GRAND RAPIState  
MIZip Code  
49506-4360Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**AMASH, JUSTIN, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify)

State: MI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2017

FEC Identification Number

**C** C00476291**Transaction ID : SB23.I16559**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LOUIE GOHMERT FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 8060

City  
TYLERState  
TXZip Code  
75711Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**GOHMERT, LOUIS , B. , , JR.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2017

FEC Identification Number

**C** C00386532**Transaction ID : SB23.I16560**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 415 OF 416

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MOBROOKSFORCONGRESS.COM**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

Mailing Address 7610 FOXFIRE DR.

City  
HUNTSVILLEState  
ALZip Code  
35802Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**BROOKS, MO, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 05

Category/  
Type

FEC Identification Number

**C** C00464149**Transaction ID : SB23.I16561**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PAUL GOSAR FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

Mailing Address PO BOX 2967

City  
PRESCOTTState  
AZZip Code  
86302Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**GOSAR, PAUL, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 04

Category/  
Type

FEC Identification Number

**C** C00461806**Transaction ID : SB23.I16562**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RON DESANTIS FOR FLORIDA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

Mailing Address PO BOX 277

City  
NEW SMYRNAState  
FLZip Code  
32170Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**DESANTIS, RONALD, D., ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 06

Category/  
Type

FEC Identification Number

**C** C00511568**Transaction ID : SB23.I16563**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 416 OF 416

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. TOM GARRETT FOR CONGRESS**

Mailing Address 3868 PAYNES POND ROAD

City  
SCOTTSVILLEState  
VAZip Code  
24590Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**GARRETT, THOMAS , ALEXANDER , , JR.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

FEC Identification Number

**C** C00607101**Transaction ID : SB23.I16564**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1000.00

**TOTAL** This Period (last page this line number only).....▶

20000.00